

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 173884 (8)
 1. Corporation Name
SMITH-LESHER INSURANCE, INC.



Principal Place of Business: **671 GOODLETTE ROAD N. #130 NAPLES FL 33940-5615 US**
 Mailing Address: **P. O. DRAWER 1587 NAPLES FL 34106-1587 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip **34106** 25 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip **34106** 30 Country

3. Date Incorporated or Qualified: **07/01/1953** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-0701685** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
RALEY, JAMES M. J
671 GOODLETTE RD., N.
SUITE 130
NAPLES FL 33940

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code **34106**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HORNBECK, JR., HUNTLEY A	
STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOUX, LINDA B	
STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENZA, STEPHEN J	
STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130	
CITY-ST-ZIP	NAPLES FL	
TITLE	CDT	<input type="checkbox"/> DELETE
NAME	RALEY, JAMES M., JR.	
STREET ADDRESS	671 GOODLETTE ROAD N., SUITE 130	
CITY-ST-ZIP	NAPLES FL 33940-5615	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	BRITTON, WILLIAM R., JR.	
STREET ADDRESS	6745 N. BALTUSROL LANE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34106
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34106
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34106
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34106
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	28210
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **5/1/97 941-262-8701**

CR2E034 (9/96)