

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

FILED
Apr 10 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 # 245238 (1) 1. Corporation Name GRIFFIN INSURANCE AGENCY, INC.			
Principal Place of Business 901 E SILVER SPRINGS BLVD PO BOX 820 OCALA FL 32670		Mailing Address 901 E SILVER SPRINGS BLVD PO BOX 820 OCALA FL 34478-0820	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent GRIFFIN, DANE C. 901 E SILVER SPGS BLVD OCALA FL 32670		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____ NAME GRANT, JUANITA L. STREET ADDRESS 901 E SILVER SPGS BLVD CITY-ST-ZIP Ocala, FL 00000		1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____	
TITLE PD NAME GRIFFIN, DANE C STREET ADDRESS 901 E SILVER SPGS BLVD CITY-ST-ZIP Ocala, FL 00000		2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		6.1 TITLE _____ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)