


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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 314920 (0)**

1. Corporation Name  
**ERNEST SMITH INSURANCE AGENCY, INC.**

Principal Place of Business <b>401 E. JACKSON ST.                  SUITE 1700                  TAMPA FL 33602                  US</b>	Mailing Address <b>P O BOX 1179                  SARASOTA FL 34230                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>03/17/1967</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1161281</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRAMMIG, LAUREL L.  
 401 E. JACKSON ST.  
 SUITE 1700  
 TAMPA FL 33602**

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

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J. HYATT	1.2 NAME	
STREET ADDRESS	220 SO RIDGEWOOD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH E. HILL	2.2 NAME	
STREET ADDRESS	220 SO RIDGEWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMMIG, LAUREL L.	3.2 NAME	
STREET ADDRESS	401 E. JACKSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARA, RICHARD	4.2 NAME	
STREET ADDRESS	1819 MAIN STREET SUITE 315	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JIM W	5.2 NAME	
STREET ADDRESS	220 S. RIDGEWOOD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JEFFERY	6.2 NAME	
STREET ADDRESS	1819 MAIN STREET SUITE 315	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	6.4 CITY-ST-ZIP	

14. I 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: *Laurel L. Grammig* **Laurel L. Grammig** 4/14/98 813-222-4277

CR2E034 (10/97)