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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 314920

1. Corporation Name
ERNEST SMITH INSURANCE AGENCY, INC.



Principal Place of Business
 401 E. JACKSON ST.
 SUITE 1700
 TAMPA FL 33602
 US

Mailing Address
 P O BOX 1179
 SARASOTA FL 34200
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1161281	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAMMIG, LAUREL L. 401 E. JACKSON ST. SUITE 1700 TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

In 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 agent, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

I 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 in 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

IRE: Laurel L. Grammig 2/19/99 813-222-4277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)