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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

904 398 5656

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 324732

(7)

DEMETREE, LONG, BUTLER INSURANCE, INC.

Principal Place of Business 3730 BEACH BLVD PO BOX 5788 JACKSONVILLE FL 32247-5788		Mailing Address 3730 BEACH BLVD PO BOX 5788 JACKSONVILLE FL 32247-5788		I NOBILEE HILLIO MIGHT ENERT HORDER MILIO HIGH SIGHT BIRDE BURKE SUBJECTIVE HILLION SHOW SHOW SHOW SHOW SHOW SHOW			
					3. Date Incorporated or Qualified 01/04/1968	3a. Date of Last R 03/01/1996	
2. Principal Pla	ice of Business	2a. Mailing Addre	SS		4. FEI Number 59-1199205	<u>-</u>	pplied For ot Applicable
	Suite Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Z _I p 	Country Zip 30		<u> </u>	Country 8. This corporation has liability for intangible tax under s. 199. Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
373	IN, JONATHAN R. 0 BEACH BLVD. EKSONVILLE FL 32207			81 Name82 Street Add83	ress (P.O. Box Number is Not Acceptab	le)	M4-1107-110-110-11-1-1-1-1-1-1-1-1-1-1-1-1
II. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florid	a Statutes, the	84 City above-named corp	poration submits this statement for the p	urpose of changing i	Code ts registered
SIGNATURE 5	grance types or protect name of registered	agent and tole if applicable	(NOTE: Registe	red Agant signature requ		DATE	
12.	OFFICERS A	IND DIRECTORS	13	YITLE	ADDITIONS/CHANGES TO OFFIC	Change	HS IN 12
NAME STREET ADORESS DITY: ST. ZIP	BENWICK, BRIAN 9455 LITA RD., W. JACKSONVILLE FL		1.2	NAME STREET ADDRESS CITY-ST-ZIP			E. Found
DILE Name Suren Ladoress	STD DEMETREE, JACK C 3918 ALHAMBRA DRIVE	DEI	2.2	TITLE NAME STREET ADDRESS		☐ Change	Addilio
OTY-ST-ZIF TILE	JACKSONVILLE, FL 00000 PD	DEI		CITY-ST-ZIP TITLE		☐ Change	☐ Additio
NAME STREET ADORESS STRY: ST: ZIP	LYON, JONATHAN R. 1837 SEA OATS DR. ATLANTIC BEACH FL		3.3	NAME STREET ADDRESS CITY-ST-ZIP			
THE NAME STREET ADORESS	V Porter, Sharon D. 1066 Glen Echo Dr.	☐ DEI	ETE 4.1 4.2	TITLE NAME STREET ADDRESS		Change	Additio
GRY-ST-ZIF DALE	JACKSONVILLE FL	☐ D€I		CITY-ST-ZIP TITLE		☐ Change	Additio
IAME AREET ADORESS			5.3	NAME STREET ADDRESS			
OTY-ST-ZIP TILE NAME		DEI	.ETE 6.1	CITY-ST-ZIP TITLE NAME		☐ Change	☐ Additio