

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **515336** (6)

1. Corporation Name
~~ILER & WALL INSURANCE, INC.~~
ILER WALL & SHONTER INSURANCE, INC.



Principal Place of Business: **2763 FIRST AVE. NO. ST PETERSBURG FL 33713 US**
Mailing Address: **PO BOX 14448 ST. PETERSBURG FL 33733 US**

3. Date Incorporated or Qualified: **09/29/1976**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1711216**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 800 49th Street N.**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: **33710**
25. Country:
2a. Mailing Address:
26. Suite, Apt. #, etc.:
27. City & State:
28. City & State:
29. Zip:
30. Country:

9. Name and Address of Current Registered Agent
**WALL, JAMES KIPPS
2763 FIRST AVE. NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **800 49th Street N.**
83.
84. City:
85. Zip Code: **FL 33710**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ILER, RICHARD LEE	
STREET ADDRESS	2763 FIRST AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	WALL, JAMES KIPPS	
STREET ADDRESS	2763 FIRST AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SEC.	<input type="checkbox"/> DELETE
NAME	CLAIRE SHONTER	
STREET ADDRESS	800 -49th STREET, NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33710	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICHARD J. SHONTER	
STREET ADDRESS	800 -49th STREET, NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33710	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	800 49th Street N.
1.4 CITY-ST-ZIP	33710
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	800 49th Street N.
2.4 CITY-ST-ZIP	33710
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	500001823225
5.1 TITLE	-05/15/96--01098--015
5.2 NAME	***200.00
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 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: *Richard L. Iler* (PRES) **4/25/96** (813) 327-7070
DATE: _____

CR2E034 (12/95)