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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(5)

Corporation Name FAIRCHILD, ADDISON AND HARRELL INSURANCE, INCORP **ORATED** 

Principal Place of Business 310 W. HUGHES STREET P.O. DRAWER 1028 BRANDON FL 33509-8028

**TAMPA FL 33617** 

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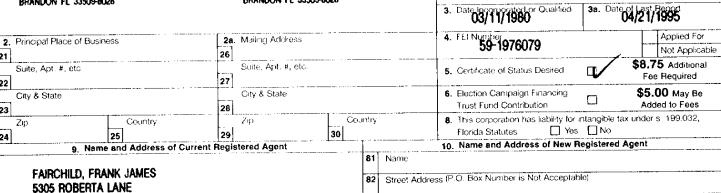
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Mailing Address

310 W. HUGHES STREET P.O. DRAWER 1028 BRANDON FL 33509-8028



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.

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City

12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PC	☐ DELETE	1 111116	☐ Change ☐ Addition
NAME	FAIRCHILD, FRANK JAMES 5305 ROBERTA LANE TAMPA FL		1 2 NAMÉ	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP			1.4 CITY - ST - ZIP	
TITLE	V HARRELL, JAMES ALVIN 1804 W. BEARSS AVE. TAMPA FL	☐ DELETE	2 1 THE	Change Addition
NAME			2.2 NAME	
TREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY - ST - ZIP	
IILE	ADDISON, ROBERT LEE 9509 ALICE LANE RIVERVIEW FL	☐ DELETE	3 1 THEF	☐ Change ☐ Addition
IAME			3 2 NAME	
STREET ADDRESS			3.3 STREFT ADDRESS	
CITY-ST-ZIP			3 4 CHY-ST-ZiP	
TITLE	MCKONE, ELIZABETH 8208 78TH STREET SOUTH RIVERVIEW FL	DETELE	4 ' 11TLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City+St+7/P	
TITLE		☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-S1-ZIF			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CiTY ST-21P	

14. Ido 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)(s). 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enipowered 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:

2/7/96 813-68/-4893

CR2E034 (12/95)

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