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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 689718 (5)

1. Corporation Name
JIM WALTER INSURANCE SERVICES, INC.



Principal Place of Business: **1500 N DALE MABRY PO BOX 31601 TAMPA FL 33631-3601**
 Mailing Address: **1500 N DALE MABRY PO BOX 31601 TAMPA FL 33631-3601**

3. Date Incorporated or Qualified: **09/30/1980** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-2184087** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$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, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SNYDER, DANA	
STREET ADDRESS	1500 NO. DALE MABRY	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYATT, K. E	
STREET ADDRESS	1500 NO DALE MABRY	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VOSS, L.M. .	
STREET ADDRESS	1500 N DALE MABRY	
CITY - ST - ZIP	TAMPA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WELDON, W.H.	
STREET ADDRESS	1500 N DALE MABRY	
CITY - ST - ZIP	TAMPA FL	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, W.K.	
STREET ADDRESS	1500 N DALE MABRY	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DVPT FJELSTUL, DEAN M.
4.3 STREET ADDRESS	1500 N.DALE MABRY HWY.
4.4 CITY - ST - ZIP	TAMPA, FL 33607
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S PORTER, EDWARD A.
5.3 STREET ADDRESS	1500 N.DALE MABRY HWY.
5.4 CITY - ST - ZIP	TAMPA, FL 33607
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT EISCH, CYNTHIA B.
6.3 STREET ADDRESS	1500 N.DALE MABRY HWY.
6.4 CITY - ST - ZIP	TAMPA, FL 33607

14. I do 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 in an attachment with an address.

SIGNATURE: **By: [Signature] Asst. Treasurer** Date: **2-21-97** (813) 871-4273
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)

January 15, 1997

JIM WALTER INSURANCE SERVICES, INC.
1500 North Dale Mabry Highway
Tampa, Florida 33607

MAILING ADDRESS

P. O. Box 31601
Tampa, Florida 33631-3601

(Subsidiary of Best Insurors, Inc.)

Employer Identification Number 59-2184087

DIRECTORS:

Richard E. Almy
Dean M. Fjelstul
Kenneth E. Hyatt

OFFICERS:

Dana A. Snyder
Dean M. Fjelstul
Donald M. Kurucz
Lee M. Voss
Edward A. Porter
Mary C. Snow
Cynthia B. Eisch
Stephen H. Foxworth

TITLE:

President
Vice President and Treasurer
Vice President
Vice President
Secretary
Assistant Secretary
Assistant Treasurer
Assistant Treasurer

Incorporated in Florida September 30, 1980.

Registered Agent:

C T Corporation System
1200 So. Pine Island Road
Plantation, Florida 33324