SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **703118** **(0)**

1. Corporation Name

OKALOOSA COUNTY ASSOCIATION OF INDEPENDENT INSUR ANCE AGENTS, INC.

Principal Place of Business	Mailing Address
50 MIRACLE STRIP PKWY. P.O. BOX 185 FT. WALTON BCH. FL 32549	50 MIRACLE STRIP PKWY. P.O. BOX 185 FT. WALTON BCH. FL 32549

3. Date Incorporated or Qualified: 11/06/1961	3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2897951	☐ 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	2a. Mailing Address
21 301 FERDON BLVD.	26 P.O. BOX 185
Suite, Apt. #, etc. 22 ~~P.O.BOX 185~~	Suite, Apt. #, etc. 27
City & State 23 ~~FT. WALTON BCH~~ CRESTVIEW	City & State 28 FT. WALTON BCH
Zip 24 ~~FL 32536~~ Country 25 OKALOOSA	Zip 29 32549 Country 30 OKALOOSA

9. Name and Address of Current Registered Agent

PARKER, FRANCIS F.
301 FERDON BLVD.
CRESTVIEW FL 32536

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMORE, DUANE O P.O. BOX 249 N/A MARY ESTHER FL 32569	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D PRESIDENT WAYNE WALKER 906 AVALON LN SHALIMAR, FL 32579	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, FRANCIS F. 301 N. FERDON BLVD. CRESTVIEW FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D VICE PRES DUANE GILMORE POBOX 249 NA MARY ESTHER, FL 32569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORBIN RON 110 N. PARTIN DR. NICEVILLE FL 32578	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D SEC-TREAS EVELYN H. HARRELL 323 IVA PL. FT. WALTON BCH, FL 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800001910028 -07/31/96--01077--040 ***61.25	☐ Change ☐ Addition 7/31/96

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ EVELYN H. HARRELL 6/30/96 904-864-4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0017579

(REV. 12/96)