

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706068 (4)

1. Corporation Name
INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, INC.



Principal Place of Business: 8305 N. RIVER HIGHLANDS PL. P.O. BOX 290013 TAMPA FL 33617
Mailing Address: 8305 N. RIVER HIGHLANDS PL. P.O. BOX 290013 TAMPA FL 33617

3. Date Incorporated or Qualified: 08/22/1963
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-6139291
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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **HEBERT, TERILEE H. 8305 N. RIVER HIGHLANDS PL. TAMPA FL 33617**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) (84) City (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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELMOLINO, JAMES 3723 TEMPLE STREET TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD STAIGE HOFFMAN 445 SWATROUS AVE TAMPA, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S HEBERT, TERILEE H. 8305 N. RIVER HIGHLANDS TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE VPD DANIEL DUFF 505 LAUREL ST, #212 TAMPA, FL 33622 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PED HOFFMAN, STAIGE 3602 W. KENNEDY BLVD TAMPA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PED LESLIE SAUNDERS 3820 NORTHDAL BLVD, #103-A TAMPA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD SAUNDERS, LESLIE 3820 NORTHDAL BLVD., #103-A TAMPA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Terilee H. Hebert* **TERILEE H. HEBERT** (813) 988-0841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)