

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706068 (4)

1. Corporation Name
INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, I NC.



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 33617-6914
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3. Date Incorporated or Qualified 08/22/1963	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-6139291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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: Terilee Hebert, Executive Director DATE: 2-13-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUFFMAN, STACIE	
STREET ADDRESS	4415 WATROOS AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEBERT, TERILEE H.	
STREET ADDRESS	8305 N. RIVER HIGHLANDS	
CITY - ST - ZIP	TAMPA FL	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, LESLIE	
STREET ADDRESS	3820 NORTH DALE BLVD 103A	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DUFF, DANIEL	
STREET ADDRESS	5005 LAUREL ST 212	
CITY - ST - ZIP	TAMPA FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leslie Saunders	
1.3 STREET ADDRESS	1535 N. Dale Mabry	
1.4 CITY - ST - ZIP	Lutz, FL 33549	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dan Duff	
3.3 STREET ADDRESS	5005 Laurel St., Suite 212	
3.4 CITY - ST - ZIP	Tampa, FL 33607	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Lane	
4.3 STREET ADDRESS	2828 E. Bearss Ave.	
4.4 CITY - ST - ZIP	Tampa, FL 33613	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie A. Saunders DATE: 3/14/97

CP2E037 (9/96)