

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 22 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F49851 (1)

1. Corporation Name
INSURAMERICA OF FLORIDA, INC.



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|---|---|
| Principal Place of Business 234 RIVERSIDE AVE JACKSONVILLE FL 32202-4999 | Mailing Address 234 RIVERSIDE AVE JACKSONVILLE FL 32202-4908 |
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|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/06/1981 | 3a. Date of Last Report 01/22/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. # etc. | 4. FEI Number 59-2130271 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|--|------------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| GRAVES, KEITH C. 234 RIVERSIDE AVE. JACKSONVILLE FL 32202 | | 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 _____ DATE _____
Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE DT | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIAMS, WALTER JR | | 1.2 NAME | |
| STREET ADDRESS 234 RIVERSIDE AVE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | |
| TITLE VPS | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ELLISON, DIANE M. | | 2.2 NAME | |
| STREET ADDRESS 234 RIVERSIDE AVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | |
| TITLE C | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GRAVES, KEITH C | | 3.2 NAME | |
| STREET ADDRESS 234 RIVERSIDE AVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | |
| TITLE P | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WALTON, OTIS L. (BOBBY) | | 4.2 NAME | |
| STREET ADDRESS 234 RIVERSIDE AVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane M. Ellison Date: 1/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)