


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND FILED *dfz*

1997 JUL 18 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F76837 (6)

1. Corporation Name
ALAN JACKSON INSURANCE AGENCY, INC.



Principal Place of Business 865 20TH PL STE 2 VERO BCH FL 32980 US	Mailing Address 865 20TH PL STE 3 VERO BCH FL 32980 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip
22 2b. Principal Place of Business Country	27 2b. Mailing Address Country
23 2c. Principal Place of Business Country	28 2c. Mailing Address Country
24 2d. Principal Place of Business Country	29 2d. Mailing Address Country

3. Date Incorporated or Qualified 04/19/1982	3a. Date of Last Report 01/23/1996
4. FEI Number 59-2192307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACKSON, ALAN
865 20TH PLACE, STE 2
VERO BEACH FL 32980**

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	DP	<input type="checkbox"/> DELETE
NAME	JACKSON, J ALAN	
STREET ADDRESS	865 20TH PLACE STE 2	
CITY-ST-ZIP	VERO BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, CAROL	
STREET ADDRESS	865 20 PLACE STE 2	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	<i>Secretary</i>	<input type="checkbox"/> DELETE
NAME	<i>Jackson, J. Alan</i>	
STREET ADDRESS	<i>865 20th Pl. Ste</i>	
CITY-ST-ZIP		
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	<i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Jackson, J. Alan</i>	
1.3 STREET ADDRESS	<i>865 20th Pl. Ste 3</i>	
1.4 CITY-ST-ZIP	<i>VERO Beach, FL 32960</i>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E034 (4/97)

2072

ALAN JACKSON INSURANCE AGENCY INC
Auto-Life-Health-Home and Business
P O BOX 2805, 865 20TH PLACE
VERO BEACH, FL 32961 PHONE (561) 562-0661 FAX (561) 562-0663

July 14, 1997

Ms. Sandra B. Mortham
Secretary of State
State of Florida
Division of Corporations
P. O. Box 1500
Tallahassee, Fl 32302


Dear Ms. Mortham:

On December 31, 1996, I completed the 1997 Corporate Annual Report and mailed it to your offices along with my corporate check 6682, payable to the Department of State. Since that time I have shown this check as outstanding each month. Upon receiving my June 1997 statement, and finding that the check still had not been returned to me by the bank, I called your offices and asked if they had any record of receiving my report. They said no, and that I should ask for another form and to fill it in as soon as possible.

I received this second notice asking for not \$165.00, but \$550.00. It is my opinion that the form has been misplaced somewhere in your offices and I am asking that you accept this replacement check in the amount of \$165.00. If you will check my record you will find that I have always filed the report in a timely manner and that I should be afforded this consideration.

If you have any questions please do not hesitate to call me.

Sincerely,


Alan Jackson