

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED Jan 23 1996 8:00am Secretary of State

DOCUMENT # F76837 (6)

1. Corporation Name ALAN JACKSON INSURANCE AGENCY, INC.



Principal Place of Business: 865 20TH PL STE 2 VERO BCH FL 32960
Mailing Address: 865 20TH PL STE 3 VERO BCH FL 32960 US

3. Date Incorporated or Qualified: 04/19/1982
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2192307
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

2. Principal Place of Business: 21. Same, 22. Same, 23. Same, 24. Same, 25. Same, 26. Same, 27. Same, 28. Same, 29. Same, 30. Same

9. Name and Address of Current Registered Agent: JACKSON, ALAN 865 20TH PLACE, STE 2 VERO BEACH FL 32960

10. Name and Address of New Registered Agent: 81. Name: Same, 82. Street Address, 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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Change and 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] 1-12-96 4075620661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)