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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G18440** (9)

1. Corporation Name

BRANDON INSURANCE AGENCY, INC.

Principal Place of Business

**158 WEST ROBERTSON ST
BRANDON FL 33511
US**

Mailing Address

**P O BOX 2330
BRANDON FL 33509
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MILTNER, CAROL A
158 W ROBERTSON ST
BRANDON FL 33511**

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 607.1506, 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. The undersigned, as the registered agent, I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement

Date of Signature (Applicable only to changes in registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PT	MILTNER, CAROL A	158 W ROBERTSON ST	BRANDON, FL 00000
S	MILTNER, JEFFREY C	158 W ROBERTSON ST	BRANDON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP

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 included 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 its predecessor or transferor, or authorized 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL A. MILTNER

813-681-1832

CR2E034 (12/95)