

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

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G68442 (4)
1. Corporation Name
CHANCELLOR INSURANCE INC.



Principal Place of Business 6455 GATEWAY AVE. SARASOTA FL 34231-2918	Mailing Address 6455 GATEWAY AVE. SARASOTA FL 34231-5918
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3. Date Incorporated or Qualified 11/08/1983		3a. Date of Last Report 02/23/1996	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2432920	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
7. 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 VOLMERING, ROBERT N. 6455 GATEWAY AVE. SARASOTA FL 34231-2819				10. Name and Address of New Registered Agent			
				81. Name Rodney E. McClellan			
				82. Street Address (P.O. Box Number is Not Acceptable) 6455 Gateway Ave.			
				83.			
				84. City Sarasota	FL	85. Zip Code 34231	

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Rodney E. McClellan* DATE: **1/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCLELLAN, RODNEY		1.2 NAME	
STREET ADDRESS 2028 HIBISCUS ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOLMERING, ROBERT N.		2.2 NAME	
STREET ADDRESS 760 SUFFOLK CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP NOKOMIS FL		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEADOWS, DAVID		3.2 NAME	
STREET ADDRESS 2450 BRIDGEWATER		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Rodney E. McClellan - President* DATE: **1/31/97** DAYTIME PHONE: **941-923-3651**

CR2E034 (9/96)