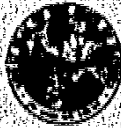


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88776 (3)

1. Corporation Name
SUTTON AND ASSOCIATES INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
3403-3 HANCOCK BRIDGE PARKWAY C/O LARRY D. SUTTON, POST OFFICE BOX 3456 N FT MYERS FL 33903 US	22 C/O LARRY D. SUTTON, POST OFFICE BOX 3456 NORTH FORT MYERS FL 33918 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/01/1988	3a. Date of Last Report 07/29/1994
4. FEI Number 65-0057331	Applied For 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 has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**SUTTON, LARRY D.
3403-3 HANCOCK BRIDGE PARKWAY
NORTH FT. MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 and title if applicable. (NOTE: Registered Agent signature required when consulting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, LARRY D.	1.2 NAME	
STREET ADDRESS	3403-3 HANCOCK BRIDGE PARKWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FORT MYERS FL	1.4 CITY - ST - ZIP	33903
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, EILEEN F.	2.2 NAME	
STREET ADDRESS	3403-3 HANCOCK BRIDGE PARKWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FORT MYERS FL	2.4 CITY - ST - ZIP	33903
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, SCOTT D.	3.2 NAME	
STREET ADDRESS	3403-3 HANCOCK BRIDGE PARKWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FORT MYERS FL	3.4 CITY - ST - ZIP	33903
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 on an attachment with an address.

SIGNATURE: Larry D. Sutton DATE: 4/28/95 (941) 995-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR