

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P09937** (4)  
1. Corporation Name:  
**MANAGING GENERAL AGENTS, INC.**

Principal Place of Business <b>270 WALKER DRIVE P.O. BOX 259 STATE COLLEGE PA 16801</b>	Mailing Address <b>270 WALKER DRIVE P.O. BOX 259 STATE COLLEGE PA 16801-7097</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/29/1986</b>		3a. Date of Last Report <b>07/08/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
4. FEI Number <b>25-1372168</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MCNICHOL, ROBERT E. JR. 10002 PRINCESS PALM AVENUE, SUITE 212 SUITE 115 TAMPA FL 33610</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>10002 Princess Palm Avenue, Suite 340</b>			
83				84 City <b>Tampa</b> FL 85 Zip Code <b>33619</b>			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SZEYLLER, ROBERT A.</b>			1.2 NAME			
STREET ADDRESS	<b>R.D. #4 BOX 30</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>BELLEFONTE PA</b>			1.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCNICHOL, ROBERT E. JR.</b>			2.2 NAME			
STREET ADDRESS	<b>2702 WEDGEWOOD DRIVE 270 WALKER DRIVE</b>			2.3 STREET ADDRESS	<b>270 Walker Drive, PO Box 259</b>		
CITY - ST - ZIP	<b>PLANT CITY FL STATE COLLEGE, PA 16801</b>			2.4 CITY - ST - ZIP	<b>State College, PA 16804</b>		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DAVIS, JOHN</b>			3.2 NAME			
STREET ADDRESS	<b>270 WALKER DRIVE</b>			3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>STATE COLLEGE PA</b>			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:  **Robert E. McNichol, Jr.** 4-14-97 814-238-0544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)