

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

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95 MAY -1 AM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
TALLAHASSEE, FLORIDA 32399

DOCUMENT # **P94000007748 (4)**

1. Corporation Name
COLONIAL HEALTH INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address

**1620 MEDICAL LANE
SUITE 110
FORT MYERS FL 33907** **1620 MEDICAL LANE
SUITE 110
FORT MYERS FL 33907**

2. Principal Place of Business 26. Mailing Address

21. Suite Apt # etc 26. Suite Apt # etc

22. City & State 27. City & State

23. 28. 29. 30.

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or latest) 3a. Date of Last Report

02/01/1994

4. FEI Number Applied For / Not Applicable

65-0443315

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing / Trust Fund Contributions \$5.00 May Be Added to Fees

7. This Corporation has liability for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 Zip Code

FL

I, pursuant to the provisions of Sections 607.0612 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 _____

12. OFFICERS AND DIRECTORS

12.1 TITLE: **P**

12.2 NAME: **HALL, WILLIAM D**

12.3 STREET ADDRESS: **% 1620 MEDICAL LANE, SUITE 110**

12.4 CITY, ST, ZIP: **FORT MYERS FL 33907**

12.5 TITLE: _____

12.6 NAME: _____

12.7 STREET ADDRESS: _____

12.8 CITY, ST, ZIP: _____

12.9 TITLE: _____

12.10 NAME: _____

12.11 STREET ADDRESS: _____

12.12 CITY, ST, ZIP: _____

12.13 TITLE: _____

12.14 NAME: _____

12.15 STREET ADDRESS: _____

12.16 CITY, ST, ZIP: _____

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: _____ Change Addition

13.2 NAME: **HALL**

13.3 STREET ADDRESS: _____

13.4 CITY, ST, ZIP: _____

13.5 TITLE: _____ Change Addition

13.6 NAME: _____

13.7 STREET ADDRESS: _____

13.8 CITY, ST, ZIP: _____

13.9 TITLE: _____ Change Addition

13.10 NAME: _____

13.11 STREET ADDRESS: _____

13.12 CITY, ST, ZIP: _____

13.13 TITLE: _____ Change Addition

13.14 NAME: _____

13.15 STREET ADDRESS: _____

13.16 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 119.03(1)(b), Florida Statutes. I further certify that the information supplied on this annual report or supplemental amendment is true and not obtained from any signature that uses this name regardless of its official character. I am an officer or director of the corporation or the resident or former registered to examine this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 of Block 13 of this document or on an attached sheet with an address.

SIGNATURE: *William D. Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95 **813-277-0017**