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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

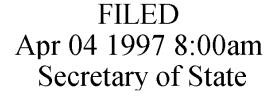
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ABSHIER INSURANCE AGENCY, INC.

Principal Place of Business	
6006 SE ABSHIER BLVD RELIEVIEW EL 34420	

Mailing Address

P.O. BOX 640





BELLEVIEW FL 34420		BELLEVIEW FL 34421-0640 US							
		•				3. Date Incorporated or Qualified 12/20/1995	3a. Date 04/26		eport
2. Principal Pia	ace of Business	2a. Mailing Addre	ess			4. FEI Number		Ar	oplied For
21		26				65-0640849		No	ot Applicable
Suite, Apt #	, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired	П		Additional
22		27				J. Commonto di Biatta Besilea		Fee Re	periup
City & State		City & State				6. Election Campaign Financing	-	\$5.00	
23 Zup	Country	28		Country		Trust Fund Contribution	<u> </u>	Added I	
	25	Ζφ 29	30	Country	•	8. This corporation has liability for i	intangible tax] Yes 🏻 🖽 I		. 19 9.032,
24	9. Name and Address of Currer			<u> </u>		Florida Statutes 10. Name and Address of New Re			
ARQI	HER, ROY E			81	Name	10, 110, 110, 110, 110, 110, 110, 110,	Sietoron v.B.		
	SE ABSHIER BLVD								
	EVIEW FL 34420			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	•	
OCL	241211 1 2 34420			83					
				84	City		FL	85 Zip (Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florid	a Statutes, th	e abou	e-named corr	poration submits this statement for the p		anging it	e renistered
office or re agent. I an	gistered agent, or both, in the State i familiar with, and accept the obligi	of Florida. Such chang ations of, Section 607.0	pe was autho 3505, Florida	rized by Statute	the corpora	tion's board of directors. I hereby accep	ot the appoin	tment as	registered
SIGNATURE	Speakine, typed or printed name of registered ago	rd and tile if annicable	(NOTE Real	stered An	onl signature reque	red when reinstating)	DATE		
12.	OFFICERS AN			13.	on agranor requ	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
100	D	DEL		L1 TITLE	···			Change	Addition
NAME	ABSHIER, ROY E		¶ ₁	1.2 NAME					
STREET ADDRESS	6006 SE ABSHIER BLVD		1	1.3 STREET	ADDRESS				
City - St - ZiP	BELLEVIEW FL 34420		1.	1.4 CITY-5	ST - ZIP				
TOLE	V	DEI	ETE :	2.1 TITLE				Change	Addition
NAME	EMERY A ABSHIER		[:	2.2 NAME					
STREET ADDRESS	6006 SE ABSHIER BLVD		[2	2 3 STREET	ADDRESS				
CiTY - S1 - 7iff	BELLEVIEW FL		J :	2. 4 CITY-	ST-ZIP		0.67%		
Till F	S	☐ DEt	LETE	3.1 TITLE				Change	☐ Addition
NAME	LOU L. ABSHIER		3	3.2 NAME]				
STREET ADDRESS	6006 SE ABSHIER BLVD		. 3	3.3 STREET	ADDRESS				
CITY ST ZIP	BELLEVIEW FL		3	3 4. CITY -	ST-ZIP				
THEE		☐ DEL	LETE	4.1 TITLE				Change	Addition
NAME			4	1. 2 NAME					
STREET ADDRESS			4	4.3 STREET	ADDRESS				
CHY- \$1 - 20F	والمستعورة والمستعدد والمستعدد والمستعدد والمستعدد الماران			1.4 CITY - S	T- ZIP				
THE		☐ DEL	ETE S	51 THILE	["			Change	Addition
NAME				52 NAME	1				
STREET ADDRESS				5.3 STREET	ADDRESS				
CHY-ST ZIP				4 CITY-5	1-ZIP				
TIME		☐ DEL		S.1 TITLE			Ĺ] Change	Addition
NAMI			6	2 NAME					
STREET ADDRESS			i t	8.3 STREET	ADORESS				
CHY-SI-ZIP				3.4 CITY - S	IT-ZIP				vr
14. I do hereby information	y certify that the information supplier andicated on this annual report or s	d with this filing does n	ot qualify for	the exe	mption states	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further ce I effect as if	ertify that	the dericate the
l ain an off	cer or director of the corporation or	the receiver or trustee	empowered	to exec	ute this repo	rt as required by Chapter 607, Florida S	tatutes; and	that my r	iame

4/2/97 352-245-2423