

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 258024 (9)

1. Corporation Name
SERVICE MORTGAGE AND INSURANCE AGENCY, INC.



Principal Place of Business 4655 SALISBURY RD JACKSONVILLE FL 32256-0957 US		Mailing Address P.O. BOX 11007 BIRMINGHAM AL 35288 US		3. Date Incorporated or Qualified 04/16/1962	3a. Date of Last Report 08/14/1995
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1056724	Applied For Not Applicable		
		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
		8. 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 JONES, MALCOLM, JR. C/O FLORIDABANK, FSB 4655 SALISBURY RD JACKSONVILLE FL 32256				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	700001807297 -05/03/96--01086--014		
				84 City	***200.00	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARRISON, NORMAN J. 4655 SALISBURY RD JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P.D Kerry Charlet 100 North Tampa street, Suite 3400 Tampa, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JONES, MALCOLM J 4655 SALISBURY RD JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V.P.D J. Stewart Baker 1901 6th Ave North Birmingham, AL 35288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	T Lynda Kern 1901 6th Ave North Birmingham, AL 35288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	D Dennis Dill 1901 6th Ave North Birmingham, AL 35288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Asst. Treasurer Robert Smith 1901 6th Ave North Birmingham, AL 35288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	S William Caughran 1901 6th Ave North Birmingham, AL 35288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 119.07(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: Lynda A. Kern 4/25/96 205-320-7149
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)