

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

FILED  
Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 155273 (6)

1. Corporation Name  
SCHULTHEIS INSURANCE AGENCY, INC.



Principal Place of Business 1120 A BEVILLE RD DAYTONA BCH FL 32114 US	Mailing Address 1120 A BEVILLE RD DAYTONA BCH FL 32114-3767 US
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3. Date Incorporated or Qualified 06/23/1948	3a. Date of Last Report 02/22/1996
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2. Principal Place of Business 21 635 A Beville Rd Suite, Apt. #, etc. 22 City & State 23 Zip 32119 Country 24 32119 25	2a. Mailing Address 26 635 A Beville Rd Suite, Apt. #, etc. 27 City & State 28 Zip 32119 Country 29 32119 30
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4. FEI Number 59-0590840	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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, EDWARD 1120 A BEVILLE RD DAYTONA BEACH FL 32114	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Numbers Not Acceptable)	635 A Beville Rd
83	
84 City	FL 85 Zip Code 32119

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 *Edward D. Williams* (NOTE: Registered Agent signature required when reinstating) DATE 1/10/97

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	STOUDENMIRE, MARY E.
STREET ADDRESS	204 S. SPRING GARDEN RD
CITY-ST-ZIP	DELAND FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WILLIAMS, NINA C.
STREET ADDRESS	1120 A BEVILLE RD 635 A Beville
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	WILLIAMS, EDWARD
STREET ADDRESS	1120 A BEVILLE RD 635 A Beville
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Edward D. Williams* 1/10/97 761-7654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 0021084

CR2E034 (9/96)