

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 192205 (3)

1. Corporation Name
CHURCHWELL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
962 ROSEMONT DRIVE P.O. BOX 150 PANAMA CITY FL 32402	962 ROSEMONT DRIVE P.O. BOX 150 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/06/1956	3a. Date of Last Report 04/15/1994
4. FEI Number 59-0774369	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	

2. Principal Place of Business	2a. Mailing Address
21 962 Rosemont Dr	26 P.O. Box 35182
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Panama City, Fl.	28 Panama City, Fl.
24 32402	29 32412-5182
25 Bay	30 Bay

9. Name and Address of Current Registered Agent

CHURCHWELL, STEPHEN F.
962 ROSEMONT DRIVE
PANAMA CITY, FL
32405

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCHWELL, LARRY J.	1 2 NAME	
STREET ADDRESS	300 W 5TH STREET	1 3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 00000	1 4 CITY - ST - ZIP	
TITLE	STD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULPEPPER, ROBBIE	2 2 NAME	
STREET ADDRESS	300 W 5TH STREET	2 3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 00000	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCHWELL, MICHAEL G.	3 2 NAME	
STREET ADDRESS	300 W 5TH STREET	3 3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 00000	3 4 CITY - ST - ZIP	
TITLE	PD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCHWELL, STEPHEN F	4 2 NAME	
STREET ADDRESS	300 W 5TH STREET	4 3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 00000	4 4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Stephen F. Churchwell DATE: 4/12-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Number #)
Stephen F. Churchwell 904-785-4316