

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **202736** (5)

1. Corporation Name
SEDGWICK JAMES OF FLORIDA, INC.



Principal Place of Business
**ONE FINANCIAL PLAZA, SUITE 2400
FT LAUDERDALE FL 33394**

Mailing Address
**5350 POPLAR AVE
P.J. ROBINSON, LEGAL DEPT
MEMPHIS TN 38119
US**

3. Date Incorporated or Qualified 05/22/1957	3a. Date of Last Report 02/03/1995
4. FEI Number 59-0819578	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. State, Apt. #, etc.	26. 1000 Ridgeway Loop Rd
22. City & State	27. Memphis, Legal Dept.
23. Zip	28. Memphis TN
24. Country	29. 38120
25. Country	30. US

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0407 and 607.1503, 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 607.1503, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

1. TITLE	VT	<input type="checkbox"/> DELETE
2. NAME	O'DAY, JOHN E	
3. STREET ADDRESS	5350 POPLAR AVE	
4. CITY, STATE, ZIP	MEMPHIS TN	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	MORFORD, DONALD, K	
7. STREET ADDRESS	600 MONTGOMERY ST	
8. CITY, STATE, ZIP	SAN FRANCISCO CA	
9. TITLE	CP	<input checked="" type="checkbox"/> DELETE
10. NAME	WALKER, THOMAS J	
11. STREET ADDRESS	ONE FINANCIAL PLZ 2400	
12. CITY, STATE, ZIP	FT LAUDERDALE FL	
13. TITLE	D	<input type="checkbox"/> DELETE
14. NAME	HEALEY, QUILL O.	
15. STREET ADDRESS	1285 AVE OF THE AMERICAS	
16. CITY, STATE, ZIP	NEW YORK NY	
17. TITLE	S	<input type="checkbox"/> DELETE
18. NAME	ROSENBLUM, ALAN, B	
19. STREET ADDRESS	5350 POPLAR AVE	
20. CITY, STATE, ZIP	MEMPHIS TN	
21. TITLE	AS	<input type="checkbox"/> DELETE
22. NAME	ROBINSON, PATTIE J	
23. STREET ADDRESS	5350 POPLAR AVE	
24. CITY, STATE, ZIP	MEMPHIS TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	President Robert T. Benson	
11. STREET ADDRESS	720 Goodlette Road	
12. CITY, STATE, ZIP	Naples FL 33940	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, 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 119.07(3)(a), 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 a trustee 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 or Block 14 of the general filing report with an address.

SIGNATURE: *[Signature]* **Pattie J. Robinson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Assistant Secretary

2-2-96 901-684-3588
DATE TIME

CR2E034 (12/95)