

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **208886** (2)
1. Corporation Name
INSURANCE PROGRAMS, INC.

Principal Place of Business
**3159 SHAMROCK DRIVE SOUTH
TALLAHASSEE FL 32317**

Mailing Address
**P.O. BOX 12129
TALLAHASSEE FL 32317-2129**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1958	
21		26		4. FEI Number 59-1266114	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**MCCUE, WILLIAM G JR
3159 SHAMROCK DRIVE, S.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUE, WILLIAM G. JR	1.2 NAME	McCue, William G. Jr.
STREET ADDRESS	3159 SHAMROCK DR S.	1.3 STREET ADDRESS	3159 Shamrock S
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, BARBARA B	2.2 NAME	Hawkins, Terrell V.
STREET ADDRESS	805 N.E. FIRST STREET	2.3 STREET ADDRESS	18167 US Hwy 19 N., Ste 300
CITY-ST-ZIP	GAINESVILLE FL 32601	2.4 CITY-ST-ZIP	Clearwater FL 34624
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, LINDA A	3.2 NAME	Pate, Linda A.
STREET ADDRESS	3159 SHAMROCK SOUTH	3.3 STREET ADDRESS	3159 Shamrock S.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, RICHARD A	4.2 NAME	Humphrey, Harold M.
STREET ADDRESS	340 E. HORATIO AVE.	4.3 STREET ADDRESS	9500 S. Dadeland Blvd, Ste. 200
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	Miami FL 33156-2866
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GROSS, RICHARD G	5.2 NAME	
STREET ADDRESS	1111 8TH AVE W	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE:

W. G. McCue Jr.

W. G. McCue Jr.

JANUARY 30, 1998

CR2E034 (10/97)