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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 228409 (9)

1. Corporation Name
J. ROLFE DAVIS INSURANCE AGENCY, INC.



Principal Place of Business: 11 SOUTH BUMBY AVENUE 32803, P.O. BOX 538230, ORLANDO FL 32853-8230 US
Mailing Address: 11 SOUTH BUMBY AVENUE 32803, P.O. BOX 538230, ORLANDO FL 32853-8230 US

3. Date Incorporated or Qualified: 09/26/1959
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 59-0876788
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HATCHER, MARION F.
11 S BUMBY AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent (81-85)

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, MARION F	1.2 NAME	MINTER, L. KIPP
STREET ADDRESS	908 ALBA DRIVE	1.3 STREET ADDRESS	4202 WOODLYNNE LANE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VP/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCBRYDE, CLYDE D	2.2 NAME	SANTOMASSINO, ROCKY
STREET ADDRESS	2835 BANCHORY	2.3 STREET ADDRESS	1612 LORENA LANE
CITY-ST-ZIP	WINTER PARK, FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOONE, DONALD B	3.2 NAME	ARROW, BRUCE C.
STREET ADDRESS	2047 SIESTA	3.3 STREET ADDRESS	1869 ARLINGTON COURT
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINTER, L KIPP	4.2 NAME	HATCHER, MARION F. III
STREET ADDRESS	4202 WOODLYNNE LANE	4.3 STREET ADDRESS	1405 SYMPHONY COURT
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, JOHN F. JR.	5.2 NAME	COOK, CHARLES P.
STREET ADDRESS	318 LAKE ROAD	5.3 STREET ADDRESS	3300 N. WESTMORELAND DRIVE
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, F. DAVID	6.2 NAME	
STREET ADDRESS	3039 MIDDLESEX ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: Rocky Santomassino 01/07/97 407-896-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)