

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

FILED

Feb 16 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 # **243537** (8)
1. Corporation Name
GEORGE EIDSON AGENCY, INC.

Principal Place of Business 2807 EDGEWATER DR. P.O. BOX 540209 ORLANDO FL 32854-7209	Mailing Address 2807 EDGEWATER DR. P.O. BOX 540209 ORLANDO FL 32854-7209
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/04/1961	
21		26		4. FEI Number 59-0915836	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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	

9. Name and Address of Current Registered Agent EIDSON, TEDFORD V 1138 OVERBROOK DR ORLANDO FL 32804				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	S	1.1 TITLE	VP S D
NAME	KITCHEN, ROSE P	1.2 NAME	Laura A Eidson
STREET ADDRESS	5818 JUDY DEE DRIVE	1.3 STREET ADDRESS	1200 Stetson St
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32804
TITLE	VP	2.1 TITLE	VP T
NAME	FEGBANK, LARRY G.	2.2 NAME	John R Bruneau
STREET ADDRESS	4613 WAYFARER PL.	2.3 STREET ADDRESS	2454 Stone Cross Circle
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	Orlando FL 32825
TITLE	CDPD	3.1 TITLE	D
NAME	EIDSON, TEDFORD V	3.2 NAME	Mary E Heller
STREET ADDRESS	1138 OVERBROOK DR	3.3 STREET ADDRESS	5062 Matthew Simrill
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Rock Hill SC 29732
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	George S Callahan
STREET ADDRESS		4.3 STREET ADDRESS	835 Walnut St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando FL 32806
TITLE		5.1 TITLE	VP
NAME		5.2 NAME	Louis J mariany Jr
STREET ADDRESS		5.3 STREET ADDRESS	1142 Bratley Estates Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE		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 on an attachment with an address.

SIGNATURE: **TEDFORD V. Eidson** *Tedford V. Eidson* 2/5/98 407-849-0333

CR2E034 (10/97)