

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

FILED
May 12 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 # **260306** (6)
1. Corporation Name
MACMILLAN-BUCHANAN INSURANCE AGENCY, INC.

Principal Place of Business ATTN: DEBORAH L. LANGEN 375 COMMERCE PARKWAY, SUITE 201 ROCKLEDGE FL 32955	Mailing Address ATTN: DEBORAH L. LANGEN 375 COMMERCE PARKWAY, SUITE 201 ROCKLEDGE FL 32955
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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 06/25/1962	
25		28		4. FEI Number 59-0976497	
29		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		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

**BUCHANAN, MARK S.
317 RIVEREDGE BLVD.
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name BUCHANAN MARK S.
82 Street Address (P.O. Box Number is Not Acceptable) 375 COMMERCE PARKWAY
83 SUITE 201
84 City ROCKLEDGE FL
85 Zip Code 32955

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 of 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)

DATE

4-29-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HILL, MICHAEL A.	1.1 TITLE	P HOUSER, WESLEY
NAME	317 RIVEREDGE BLVD.	1.2 NAME	375 COMMERCE PARKWAY SUITE 201
STREET ADDRESS	COCOA, FL 00000	1.3 STREET ADDRESS	ROCKLEDGE FLORIDA 32955
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT LONG, DONALD J	2.1 TITLE	DT LONG DONALD J
NAME	317 RIVEREDGE BLVD.	2.2 NAME	375 COMMERCE PARKWAY SUITE 201
STREET ADDRESS	COCOA FL	2.3 STREET ADDRESS	ROCKLEDGE FLORIDA 32955
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS BUCHANAN, MARK S.	3.1 TITLE	DS BUCHANAN MARK S.
NAME	317 RIVEREDGE BLVD.	3.2 NAME	375 COMMERCE PARKWAY SUITE 201
STREET ADDRESS	COCOA FL	3.3 STREET ADDRESS	ROCKLEDGE FLORIDA 32955
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, upon an attachment with an address.

SIGNATURE:

4-29-98

(407)

CR2E034 (10/97)