

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 271270 (1)

1. Corporation Name
CENTRAL FLORIDA INSURANCE AGENCY INC



Principal Place of Business
110 BUSHNELL PLAZA
BUSHNELL FL 33513

Mailing Address
P O BOX 517
BUSHNELL FL 33513
US

3. Date Incorporated or Qualified 06/26/1963
3a. Date of Last Report 03/09/1995

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	4. FEI Number 59-1010045 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
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9. Name and Address of Current Registered Agent

THOMPSON, ARTHUR T
110 BUSHNELL PLAZA
BUSHNELL, FL

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

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	PD THOMPSON, ARTHUR T 202 BUSHNELL PLAZA BUSHNELL FL [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	VP THOMPSON, PRISCILLA T 202 BUSHNELL PLAZA BUSHNELL FL [] DELETE	1.2 NAME	[] Change [] Addition
STREET ADDRESS	TD THOMPSON, SUZANNE 202 BUSHNELL PLAZA BUSHNELL FL [] DELETE	1.3 STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP		1.4 CITY- ST- ZIP	[] Change [] Addition
TITLE		2.1 TITLE	[] Change [] Addition
NAME		2.2 NAME	[] Change [] Addition
STREET ADDRESS		2.3 STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP		2.4 CITY- ST- ZIP	[] Change [] Addition
TITLE		3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	[] Change [] Addition
STREET ADDRESS		3.3 STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP		3.4 CITY- ST- ZIP	[] Change [] Addition
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	[] Change [] Addition
STREET ADDRESS		4.3 STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP		4.4 CITY- ST- ZIP	[] Change [] Addition
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	[] Change [] Addition
STREET ADDRESS		5.3 STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP		5.4 CITY- ST- ZIP	[] Change [] Addition
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	[] Change [] Addition
STREET ADDRESS		6.3 STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP		6.4 CITY- ST- ZIP	[] Change [] Addition

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)(k), 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, 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, unchanged, or changed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96

Date

352 793 2041

Daytime Phone #

CR2E034 (12/95)