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Mar 11 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 # 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 33513-0517
US



3. Date Incorporated or Qualified 06/26/1963
3a. Date of Last Report 02/26/1996

2. Principal Place of Business
21 1362 CR 449
Suite, Apt #, etc.
2a. Mailing Address
26 PO Box 532
Suite, Apt #, etc.

22 City & State Lake Panasoffkee, FL
23 Zip 33538 Country Sumter
27 City & State Lake Panasoffkee, FL
28 Zip 33538 Country Sumter

24 33538 25 Sumter 29 33538 30 Sumter
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 Arthur T. Thompson
82 Street Address (P.O. Box Number is Not Acceptable) 1362 CR 449
83
84 City Lake Panasoffkee FL 85 Zip Code 33538

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	1.1 TITLE	Change Addition
NAME	THOMPSON, ARTHUR T	1.2 NAME	Arthur T. Thompson
STREET ADDRESS	202 BUSHNELL PLAZA	1.3 STREET ADDRESS	1362 CR 449
CITY - ST - ZIP	BUSHNELL FL	1.4 CITY - ST - ZIP	Lake Panasoffkee, FL 33538
TITLE	VP	2.1 TITLE	Change Addition
NAME	THOMPSON, PRISCILLA T	2.2 NAME	
STREET ADDRESS	202 BUSHNELL PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	BUSHNELL FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	Change Addition
NAME	THOMPSON, SUZANNE	3.2 NAME	Suzanne Thompson
STREET ADDRESS	202 BUSHNELL PLAZA	3.3 STREET ADDRESS	1362 CR 449
CITY - ST - ZIP	BUSHNELL FL	3.4 CITY - ST - ZIP	Lake Panasoffkee, FL 33538
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 original with an address.

SIGNATURE: 3-6-97 352 793 2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)