

4-7-97 B- 412 C
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
 Apr 07 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 280430 (0)
 1. Corporation Name
PRUETT-WILLIAMS INSURANCE AGENCY, INC.



Principal Place of Business 418 W ALFRED ST PO BOX 1205 TAVARES FL 32778	Mailing Address 418 W ALFRED ST PO BOX 1205 TAVARES FL 32778-1205
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/13/1964	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1084803	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent

**PRUETT, JAMES T
1960 SUSSEX DR.
MT DORA FL 32757**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	PRUETT, JAMES T
STREET ADDRESS	1960 SUSSEX DR.
CITY-ST-ZIP	MT DORA, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	WILLIAMS, PETER M.
STREET ADDRESS	3220 VILLAGE LN.
CITY-ST-ZIP	MT DORA, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	PRUETT, MARIE A.
STREET ADDRESS	1960 SUSSEX DR.
CITY-ST-ZIP	MT.DORA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WILLIAMS, JUDITH A.
STREET ADDRESS	3220 VILLAGE LN.
CITY-ST-ZIP	MT.DORA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	16935 Deer Island Road
2.4 CITY-ST-ZIP	Tavares, Fl 32778
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	16935 Deer Island Road
4.4 CITY-ST-ZIP	Tavares, Fl 32778
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: James T. Pruett REQUIREMENTS T. PRUETT 4/2/97 352-343-7476
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Even Phone #

CR2E034 (9/96)