

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

FILED
Feb 27 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 # 293182 (2)
1. Corporation Name
FLORIDA COMBINED INSURANCE AGENCY, INC.

Principal Place of Business 8665 BAYPINE RD. SUITE 200 JACKSONVILLE FL 32256	Mailing Address 8665 BAYPINE RD. SUITE 200 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1965	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1098056	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PIES, HARVEY E. 532 RIVERSIDE AVE. JACKSONVILLE FL 32231		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD FLAHERTY, WILLIAM E. 12316 MANDARIN ROAD JACKSONVILLE FL 32223	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V SIMMONS, D. RANDEL 6565 ANVERS BLVD JACKSONVILLE FL 32210	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1667 Highland View Court
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orange Park, FL 32073
TITLE	D CASCONI, MICHAEL JR 8022 JAMES ISLAND TRAIL JACKSONVILLE FL 32256	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S BAGNI, BRUCE N. 2307 GREENSIDE COURT PONTE VEDRA BEACH FL 32082	4.1 TITLE	S
NAME		4.2 NAME	Kammer, Randy M.
STREET ADDRESS		4.3 STREET ADDRESS	3382 Bowers Lane
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Jacksonville, FL 32257
TITLE	VT PALLAIS, ROBERT A. 12480 LYDIA WOODS COURT JACKSONVILLE FL 32258	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	PD LIPTAK, WALTER T. 3205 OLD BARN COURT PONTE VEDRA BEACH FL 32082	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: _____ Robert A. Pallais, VP & Treas. 7/22/90 (904) 828-7850

CR2E034 (10/97)

FLORIDA COMBINED INSURANCE AGENCY, INC.
Officers and Directors (Continued)

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title Name Street Address City-St-Zip	D ALBRIGHT, THOMAS E 8132 WEKIVA WAY JACKSONVILLE FL 32256	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D FAVINO, ANTONIO J 546 GULFSTREAM CIRCLE N ORANGE PARK FL 32073	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D DAVIDSON, BRUCE A 1946 RIVER ROAD JACKSONVILLE FL 32207	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D ROBERT CHRIS DOERR 8031 ACORN RIDGE RD JACKSONVILLE FL 32256	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	V OUGH, SIDNEY W. 4368 BANKS ROAD MIDDLEBURG FL 32068	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	V <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add MYERS, GARY R 312 ROYAL TERN ROAD S. PONTE VEDRA BCH FL 32082
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add ROBERT I LUFRANO 8113 MIDDLE FORK WAY JACKSONVILLE FL 32256