

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 # 331114 (9)

1. Corporation Name

NAUGHTON INSURANCE SERVICES, INC.

Principal Place of Business

2700 UNIVERSITY BLVD. W
BLDG B
JACKSONVILLE FL 32217
US

Mailing Address

P. O. BOX 10287
JACKSONVILLE FL 32247-0287
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1968		3a. Date of Last Report 03/13/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1212470		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		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NAUGHTON, JAMES D., III
2700 UNIVERSITY BLVD W.
BLDG B
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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: *James D. Naughton III* JAMES D. NAUGHTON III

1/16/95

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	NAUGHTON, JAMES D., III	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
1045 OAK VALE RD.	JACKSONVILLE FL	2.1 TITLE	2.2 NAME
EVP	DAVIS, JOHN	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
716 NATURES HAMMOCK	JACKSONVILLE FL	3.1 TITLE	3.2 NAME
VP	NAUGHTON, DAVID	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
2000 CHEROKEE DRIVE	NEPTUNE BEACH FL	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 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 D. Naughton III* JAMES D. NAUGHTON III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (914) 448-9777

Date Daytime Phone #

CR2E034 (12/95)