

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUN 23 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 336917 (0)
 1. Corporation Name
 THE HIGDON AGENCY, INC.

Principal Place of Business Mailing Address
 630 EGLIN PARKWAY 630 EGLIN PARKWAY
 FORT WALTON BEACH FL 32547-2832 FORT WALTON BEACH FL 32547-2832

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/25/1968 3a. Date of Last Report 06/14/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1225327		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HIGDON, HORACE H 234 LAFITTE CRESCENT FORT WALTON BEACH FL 32548				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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	PD	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGDON, HORACE H	1.2 NAME	Higdon, Horace H.
STREET ADDRESS	234 LAFITTE CRESCENT	1.3 STREET ADDRESS	234 Lafitte Crescent
CITY - ST - ZIP	FORT WALTON BEACH FL	1.4 CITY - ST - ZIP	Fort Walton Beach, FL 32547
TITLE	VP	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROXELL, WILLIAM E.	2.2 NAME	Troxell, William E.
STREET ADDRESS	237 LAFITTE CRESCENT	2.3 STREET ADDRESS	237 Lafitte Crescent
CITY - ST - ZIP	FORT WALTON BEACH, F	2.4 CITY - ST - ZIP	Fort Walton Beach, FL 32547
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	400001522984
STREET ADDRESS		3.3 STREET ADDRESS	-06/26/95--01042--023
CITY - ST - ZIP		3.4 CITY - ST - ZIP	***225.00 ***225.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. 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: Horace H. Higdon June 15, 1995 862-2108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR3E034 (3/95)