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Mar 17 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 # 355468

(0)

1. Corporation Name
GIVEN & SIELING INSURANCE, INC.

Principal Place of Business

3455 CENTRAL AVE
~~P.O. BOX 7270~~
ST. PETERSBURG FL 33713
US

Mailing Address

3455 CENTRAL AVE
~~P.O. BOX 7270~~
ST. PETERSBURG FL 33713-8522
US

3. Date Incorporated or Qualified
11/17/1969

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 3455 CENTRAL AVE

Suite, Apt. #, etc.

22 City & State

23 ST PETERSBURG, FL

Zip

24 33713

Country

25 PINELLAS

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SAME

28 City & State

Zip

29

Country

30

4. FEI Number

59-1285400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SIELING, EDWARD W
3455 CENTRAL AVE
ST. PETERSBURG FL 33713

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIELING, RUTH	
STREET ADDRESS	3455 CENTRAL AVE	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIELING, JACK E	
STREET ADDRESS	3455 CENTRAL AVE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	EDWARD W SIELING	
STREET ADDRESS	3455 CENTRAL AVE	
CITY - ST - ZIP	ST. PETERSBURG 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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97

327-5327

Date

Daytime Phone: #

CR2E034 (9/96)