

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:11

DOCUMENT # 422729 (4)
1. Corporation Name
INSURANCE HOUSE OF FLORIDA, INC.

Principal Place of Business: 31 AIRPORT STRIP, PO BOX 203, CEDAR KEY FL 32625
Mailing Address: 31 AIRPORT STRIP, PO BOX 203, CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 1706 NEWLAND PLACE, Suite, Apt. #, etc.
2a. Mailing Address: 26 1706 NEWLAND PLACE, Suite, Apt. #, etc.
22 City & State: 23 VALRICO FL
27 City & State: 28 VALRICO FL
24 Zip: 25 33594 USA
29 Zip: 30 33594 USA

3. Date Incorporated or Qualified: 04/03/1973
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1459012
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
GARGAN, JOHN J.
31 AIRPORT STRIP
P.O. BOX 203
CEDAR KEY FL 32625

10. Name and Address of New Registered Agent
81 Name: DAVID GARGAN
82 Street Address (P.O. Box Number is Not Acceptable): 1706 NEWLAND PLACE
83
84 City: VALRICO FL 85 Zip Code: 33594

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 607.0501, Florida Statutes.

SIGNATURE: DAVID GARGAN *David Gargan* 1/26/95
Signature, typed or printed name of registered agent and date if applicable. (N/A: If Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARGAN, JOHN J.
STREET ADDRESS	31 AIRPORT STRIP, BOX 203
CITY - ST - ZIP	CEDAR KEY FL
TITLE	STD
NAME	GARGAN, MARTHA V.
STREET ADDRESS	5819-C SAN MADELE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID GARGAN	
1.3 STREET ADDRESS	1706 NEWLAND PLACE	
1.4 CITY - ST - ZIP	VALRICO FL 33594	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CATIA HELENA GARGAN	
2.3 STREET ADDRESS	1706 NEWLAND PLACE	
2.4 CITY - ST - ZIP	VALRICO FL 33594	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *David Gargan* DAVID GARGAN 1/26/95 (813) 654-3076
Signature and typed or printed name of signing officer or director Date Telephone #