

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

55 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **461112** (5)

1. Corporation Name:

GEORGE H. ODIORNE INSURANCE AGENCY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1206 N. PARSONS AVE.
P.O. BOX 846
BRANDON FL 33510-3114**

Mailing Address: **1206 N. PARSONS AVE.
P.O. BOX 846
BRANDON FL 33510-3114**

3. Date Incorporated or Qualified: **09/13/1974** 3a. Date of Last Report: **06/09/1994**

2. Principal State of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **59-1558491** Applied For: Not Applicable:

State Apt # etc.: **22** State Apt # etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** County: **25** Zip: **29** County: **30**

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ODIORNE, GEORGE H.
1206 N. PARSONS AVE.
BRANDON FL 33511**

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 607.02(2) and 607.15(8), 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 understand the duties of a registered agent, Florida Statutes.

SIGNATURE: _____ Name of Registered Agent: _____ Title: _____

12. OFFICERS AND DIRECTORS:

TITLE	PD
NAME	ODIORNE, GEORGE H.
STREET ADDRESS	1206 N. PARSONS AVE.
CITY & STATE	BRANDON FL
TITLE	VTS
NAME	ODIORNE, PATRICIA B.
STREET ADDRESS	1206 N. PARSONS AVE.
CITY & STATE	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

TITLE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(8)(b), Florida Statutes. I further certify that the information included on this annual report is supplemental annual report and is complete 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 13 of this report or as an attachment with an address.

SIGNATURE: *George H. Odiorne*
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

4/29/95 813-685-7731