

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 26 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 # 474826 (5)

1. Corporation Name
SOUTHERN ASSURANCE COMPANY, INC.



Principal Place of Business
404 JENKS AVE
P.O. BOX 2499
PANAMA CITY FL 32401

Mailing Address
404 JENKS AVE
P.O. BOX 2499
PANAMA CITY FL 32401-2626

3. Date Incorporated or Qualified **04/25/1975** **3a. Date of Last Report** **07/08/1996**

2. Principal Place of Business **2a. Mailing Address** **4. FEI Number** **Applied For**
21 2908 Kings Harbour Rd. **26 2908 Kings Harbour Rd.** **59-1583721** **Not Applicable**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **23** **24** **25** **27** **28** **29** **30** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

City & State: **23 Panama City, FL** **28 Panama City, FL** **6. Election Campaign Financing Trust Fund Contribution** **\$5.00 May Be Added to Fees**

24 32405 **25 Bay** **29 32405** **30 Bay** **8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** Yes No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

HANCOCK, JOHN W
404 JENKS AVE.
PANAMA CITY FL 32401

81 Name **John H. Hancock**
82 Street Address (P.O. Box Number is Not Acceptable) **2908 Kings Harbour Road**
83
84 City **Panama City,** **FL** **85 Zip Code** **32405**

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.
2/19/97

SIGNATURE: _____ **(NOTE: Registered Agent signature required when reinstating)** _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, JOHN H.	1.2 NAME	
STREET ADDRESS	2908 KINGS HARBOUR RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, unchanged, or on an attachment with an address.

SIGNATURE: _____ **2/19/97** **904-769-3116**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)