

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

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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 520661 (0)
1. Corporation Name
RICKETTS INSURANCE AGENCY, INC.

Principal Place of Business 3005 SR 590 100 CLEARWATER FL 34619 US	Mailing Address P O BOX 18007 CLEARWATER FL 34629-4308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1976	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1705035		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33759	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29 Zip 33766-6007		30 Country	
g. Name and Address of Current Registered Agent ROPER, DAVID B. 3005 SR 590 100 CLEARWATER FL 34619				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 33759

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 David B Roper Pres. DATE 3/13/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P RICKETTS, WALLACE D. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2111 SEAGULL DR	1.2 NAME	Roper, David B
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	2749 Poppyseed Ct
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Clearwater FL 33761
TITLE	VST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKETTS, PHYLLIS S.	2.2 NAME	Roper, Diane J
STREET ADDRESS	2111 SEAGULL DR	2.3 STREET ADDRESS	2749 Poppyseed Ct
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater FL 33761
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 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: David B Roper, Pres. DATE 3/13/98 (813) 794-0203

Signature and typed or printed name of signing officer or director Date Daytime Phone # 0410470

CR2E034 (10/97)