

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 531258 (2)

1. Corporation Name

SBF AGENCY, INC.



Principal Place of Business

Mailing Address

498 PALM SPRINGS DRIVE, SUITE 250
P.O. BOX 3016 (32802)
ALTAMONTE SPRINGS FL 32701

498 PALM SPRINGS DRIVE, SUITE 250
P.O. BOX 3016 (32802)
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified
04/12/1977

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1740127

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

10. Name and Address of New Registered Agent

THORPE, JANET C.
200 S. ORANGE AVENUE
ORLANDO FL 32801

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 fee if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME DANIEL, GENE B
STREET ADDRESS 498 PALM SPRINGS DR, 240
CITY-ST-ZIP ALTAMONTE SPRINGS FL

DELETE

TITLE D
NAME COLSON, WENDELL H.
STREET ADDRESS 200 S ORANGE AVE., 10 FL
CITY-ST-ZIP ORLANDO FL

XX DELETE

TITLE PD
NAME NASH, RICHARD A
STREET ADDRESS 25 PARK PL
CITY-ST-ZIP ATLANTA GA

DELETE

TITLE TO
NAME BAKER, TERRY J.
STREET ADDRESS 58 EDGEWOOD AVENUE
CITY-ST-ZIP ATLANTA GA

XX DELETE

TITLE SV
NAME ORTIZ, VICENTE Y
STREET ADDRESS 498 PALM SPRGS DR, 250
CITY-ST-ZIP ALTAMONTE SPRINGS FL

DELETE

TITLE T
NAME TATUM, MYRA G.
STREET ADDRESS 8TH & LINDSAY ST., 5TH FL
CITY-ST-ZIP CHATTANOOGA TN

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

ALTAMONTE SPRINGS, FL 32701

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

303 PEACHTREE ST, NE, SUITE 960
ATLANTA, GA 30308

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

V
ALTAMONTE SPRINGS, FL 32701

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

TS
736 MARKET ST, 12TH FLOOR
CHATTANOOGA, TN 37402

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myra G. Tatum, Secretary/Treasurer

06/26/96

(423) 757-3248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)