CO	TILE NOW: FILING PROFIT RPORATION UAL REPORT 1997	FEE AFTE	FLORIDA DEPAR	IMENT OF STATE Mortham y of State	FI Jan 27 19 Secreta		
<ul> <li>Corporation</li> </ul>	UMENT # 5380 Or Name DARIN INSURANCE AGE		(3)	,			
P O BOX 10	ice of Business 0729 LLE FL 32247-7729	PC	ng Address ) BOX 10729 XSONVILLE FL 32247-	0729		FERI BIGH DIDII DILII BI	IO FE OTIOT DI OTI TOOT
					3. Date Incorporated or Qualified 06/27/1977	3a. Date of L 05/01/1	
Principal I	Place of Business	}	ailing Address	·	4. FEI Number		Applied For
Suite Apt	1 <b>#, e</b> tc	26 S	uite, Apt #, etc.		59-2562666 5. Certificate of Status Desired		75 Additional
City & Sta	ale	<b>27</b>	City & State		6. Election Campaign Financing	Fi	ee Required
7:0	Country	28		Country	Trust Fund Contribution	Ac	ded to Fees
Zip	25	29		30		Yes No	der s. 199.032,
M	9. Name and Address of ICCORKLE, THOMAS J	Current Register	red Agent	81 Name	10. Name and Address of New R	egistered Agent	
10	0475-110 FORTUNE PARKW	VAY		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	ACKSONVILLE, FL 2256			83			
				84 City		FI <sup>85</sup>	Zip Code
1. Pursuant office or	It to the provisions of Sections 6 registered agent, or both, in thi	07.0502 and 607 e State of Florida	1508, Florida Statute Such change was a	is the above-named cor	poration submits this statement for the alion's board of directors. I hereby acce	PL Durpose of change	ing its registered
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