

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

FILED

Apr 09 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 # **581828** (1)

1. Corporation Name
SIMPSON INSURANCE AGENCY, INC.

Principal Place of Business 10804 BLOOMINGDALE AVE RIVERVIEW FL 33569 US	Mailing Address PO BOX 587 BRANDON FL 33509-0587 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/09/1978	
4. FEI Number 59-1849619		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. 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		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**PEAVYHOUSE, RUSSELL K. ESQ.
10002 PRINCESS PALM AVE.
TAMPA FL 33619**

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD SIMPSON, ANNETTE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10804 BLOOMINGDALE AVE.	1.2 NAME	
STREET ADDRESS	RIVERVIEW FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD AMBURGEY, CATHERINE S.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10804 BLOOMINGDALE AVE.	2.2 NAME	
STREET ADDRESS	RIVERVIEW FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD SIMPSON, PHILLIP J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10804 BLOOMINGDALE AVE	3.2 NAME	
STREET ADDRESS	RIVERVIEW FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD SIMPSON II, PHILIP J.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4301 TEVALO DR.	4.2 NAME	
STREET ADDRESS	VALRICO FL	4.3 STREET ADDRESS	10604 Bloomingdale Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE		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		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: *Annette Simpson Pres* 4-4-98 813-626-4870

CR2E034 (10/97)