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PROFIT CORPORATION ANNUAL REPORT

1996



SIGNATURE: SIGNATURE AND TYPED OR PRINTED THAME OF SINING OFFICER OR DIRECTOR

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

DOCUI 1. Corporation	MENT #	588215	5 (	(4)								
J. SMITH INSURANCE SERVICE, INC.								1 1 <b>0 1</b> 181 81181 1011	<b>1</b> 1 1 <b>8</b> 11 <b>8</b> 11 <b>88</b> 2 11	IARI BIİL BIĞI	i <b>ala</b> d alam di	3
Principal Place	e of Business		Mailing Address									
4166 TAMI P.O. BOX I PORT CHA		P.O. BOX 80	P O BOX 850 P.O. BOX 805 PUNTA GORDA FG 33951									
US			US	-			3. [	Date Incorporated of 09/26/1978	or Qualified	<b>3a.</b> Da	te of Last F	
Principal Pl	ace of Business		2a. Mailing Addre	ess			<b>4.</b> F	19/20/19/0 FEI Number			06/23/1	Applied For
i]			26					59-186253	32			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #,	, etc.			5. 0	Certificate of Status				Additional Required
City & State	е		City & State		f	<u> </u>	1	Election Campaign   Trust Fund Contribu				O May Be
Zip	Country 25	·	Zip <b>29</b>		Countr	ry		This corporation has		intangible i		
·	9. Name and Addre	ss of Current R	egistered Agent				10. 1	Name and Addres	s of New F	legistere	d Agent	
					8	1 Name						,
	I, BRUCE T.				8:	2 Street A	ddress (P.O	). Box Number is N	ot Acceptat	ole)		
	TAMIAMI TRAIL				8:	2						
CHAR	LOTTE HARBOR FL 3	33852			8.	3						
					8						85 Zi	p Code
1. Pursuant t	to the provisions of Section	ons 607.0502 an	d 607.1508. Florida	a Statutes	the above	named cor	rooration sub	hmits this statemen	at for the nu	FI rose of c	nancino ite	registered offic
or register familiar wit SIGNATURE	to the provisions of Sections agent, or both, in the thin, and accept the obligations.	State of Florida. tions of, Section	Such change was a 607.0505, Florida 8	authorized Statutes.	, the above by the cor	named cor poration's b	board of dire	ectors. I hereby acc	nt for the pu ept the app	rpose of c ointment a	nanging its is registered	registered offic I agent. I am
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4/24/96

Daytime Phone #