

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:04

DOCUMENT # **627058** (1)

1. Corporation Name

PALM HARBOR INSURANCE, INC.

Principal Place of Business

3277 US 19N STE 210 CLEARWATER FL 34621
PO BOX 1806
PALM HARBOR FL 34683

Mailing Address

3277 US 19N STE 210 CLEARWATER FL 34621
PO BOX 1806
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/21/1979** 3a. Date of Last Report **05/19/1994**

2. Principal Place of Business

21 **28463 US 19 N.**

2a. Mailing Address

26 **990 Rolling Hills**

4. FEI Number **59-1915270** Applied For Not Applicable

Suite, Apt. #, etc

22 **Ste. A**

Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

23 **Clearwater, FL**

City & State

27 **Palm Harbor, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7a. County

24 **34621** 25 **USA**

7b. County

29 **34683** 30 **USA**

8. This corporation has liability for intangible tax under § 199.030, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BUTLER, THOMAS R
990 ROLLING HILLS
PALM HARBOR 34684

JOSEPH C. SKALSKI, ESQUIRE
13770 58TH ST. N., STE. 303
CLEARWATER, FL 34620

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 of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of current registered agent and fee if applicable)

(Signature of registered agent if fee is required)

Date

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	OVP	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, THOMAS R	12. NAME	
STREET ADDRESS	990 ROLLING HILL	13. STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR, FL 00000-34683	14. CITY, ST, ZIP	34683
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

Thomas R. Butler
SIGNATURE APPLIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas R. Butler

President

(813) 724-5400