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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 627058 (1)

1. Corporation Name
PALM HARBOR INSURANCE, INC.



Principal Place of Business: ~~26468 US 10 N~~ ~~STE A~~ CLEARWATER FL 34621 US
Mailing Address: 990 ROLLING HILLS ~~PO BOX 1630~~ PALM HARBOR FL ~~34882-1630~~ US

3. Date Incorporated or Qualified: 06/21/1979
3a. Date of Last Report: 09/23/1996

2. Principal Place of Business: 21 990 Rolling Hill Suite, Apt. #, etc. 22 City & State: 23 Palm Harbor, FL Zip: 34683 Country: USA
2a. Mailing Address: 26 P. O. Box 15209 Suite, Apt. #, etc. 27 City & State: 28 Clearwater, FL Zip: 34629 Country: USA
4. FEI Number: 59-1915270 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: SKALASKI, JOSEPH C ESQ ~~10770 68TH ST N~~ ~~STE 303~~ CLEARWATER FL 34622
10. Name and Address of New Registered Agent: 81 Name: SKALSKI, JOSEPH C. ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable): 4500 - 140th Avenue N. 83 Suite 214 84 City: Clearwater, FL 85 Zip Code: 34622

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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: OVP	<input type="checkbox"/> DELETE	11 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 34683		14 CITY-ST-ZIP: 34683	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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 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 if an attachment with an address.

SIGNATURE: President 02/18/97 (813) 797-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas R. Butler Date: 02/18/97 Daytime Phone: (813) 797-4499

CR2E034 (9/96)