

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701999 (5)

1. Corporation Name

INDEPENDENT INSURORS OF GREATER ST. PETERSBURG, INC.



Principal Place of Business

P O BOX 10951
ST. PETERSBURG FL 33733

Mailing Address

P O BOX 10951
ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified
02/08/1961

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAMLING, KEITH
3810 16TH ST. N.
ST. PETERSBURG FL 33703**

81 Name

Marilyn Williams

82

Street Address (P.O. Box Number is Not Acceptable)

800 49th Street N.

83

84

City

ST. PETERSBURG

FL

85

Zip Code
33710

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Marilyn Williams

(NOTE: Registered Agent Signature required when reinstating)

3/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	GRAMLING, KEITH	
STREET ADDRESS	3810 16TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PE	DELETE
NAME	WILLIAMS, MARILYN	
STREET ADDRESS	6699 90TH AVE. N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VP	DELETE
NAME	VERMOST, DSARREN	
STREET ADDRESS	9887 4TH ST. N., STE 309	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	DELETE
NAME	WISELEY, YVONNE	
STREET ADDRESS	9300 5TH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	DELETE
NAME	SMALL, JOANNE	
STREET ADDRESS	4950 34TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	DELETE
NAME	WALL, J. K	
STREET ADDRESS	2763 1ST AVENUE N.	
CITY-ST-ZIP	PINELLAS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President Elect	Change	Addition
1.2 NAME	Darren Vermost		
1.3 STREET ADDRESS	9887 4th St. N Suite 309		
1.4 CITY-ST-ZIP	St. Petersburg, FL 33702		
2.1 TITLE	President	Change	Addition
2.2 NAME	Marilyn Williams		
2.3 STREET ADDRESS	800 49th Street N.		
2.4 CITY-ST-ZIP	St. Petersburg, FL 33702		
3.1 TITLE	Vice-President	Change	Addition
3.2 NAME	Yvonne Wiseley		
3.3 STREET ADDRESS	9300 5th St. N		
3.4 CITY-ST-ZIP	St. Petersburg, FL 33702		
4.1 TITLE	Director	Change	Addition
4.2 NAME	Jack Winebrenner		
4.3 STREET ADDRESS	3773 Central Avenue		
4.4 CITY-ST-ZIP	St. Petersburg, FL 33713		
5.1 TITLE	Director	Change	Addition
5.2 NAME	Curtis Griffin		
5.3 STREET ADDRESS	4950 34th St. N.		
5.4 CITY-ST-ZIP	St. Petersburg, FL 33714		
6.1 TITLE	Director	Change	Addition
6.2 NAME	J. KIPP WALL		
6.3 STREET ADDRESS	800 49th Street N.		
6.4 CITY-ST-ZIP	St. Petersburg, FL 33710		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)