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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 704161 (9)

1. Corporation Name
ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I
NC.



Principal Place of Business Mailing Address
125 S 2 STREET FT. PIERCE FL 34950 125 S 2 STREET FT. PIERCE FL 34950-4305

3. Date Incorporated or Qualified 06/12/1962 3a. Date of Last Report 06/25/1996

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number 59-1389935 Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

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

City & State City & State
23 28

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

Zip Country Zip Country
24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ENNS, EDWARD G.
801 CITRUS AVENUE
FT. PIERCE FL 34950

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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DRISCOLL, MIKE
STREET ADDRESS	2222 COLONIAL ROAD
CITY-ST-ZIP	FT PIERCE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	RISE, ANN R.
STREET ADDRESS	125 SOUTH 2 STREET
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLBUR, DAVID J
STREET ADDRESS	2716 SOUTH US #1
CITY-ST-ZIP	FT PIERCE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID G. WILLBUR, JR.
1.8 STREET ADDRESS	2716 S. US 1
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.8 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BECKY G BARHARDT
3.8 STREET ADDRESS	7200 S. FEDERAL HIGHWAY
3.4 CITY-ST-ZIP	FORT PIERCE, FL 34952
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.8 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.8 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.8 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

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