

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G42877

(2)

1. Corporation Name

HORAN INSURANCE AGENCY INC.

Principal Place of Business

MM 21.5. CUDJOE KEY  
P.O. BOX 284  
SUMMERLAND KEY FL 33042

Mailing Address

MM 21.5. CUDJOE KEY  
P.O. BOX 284  
SUMMERLAND KEY FL 33042

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
06/06/1983

3a. Date of Last Report  
01/23/1996

4. FEI Number  
59-2295507

Applied For  
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HORAN, RICHARD JAY  
MM 21.5 CUDJOE KEY  
SUMMERLAND KEY FL 33042

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |                                 |                    |   |
|----------------|---------------------|---------------------------------|--------------------|---|
| TITLE          | PD                  | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HORAN, RICHARD JAY  |                                 | 1.2 NAME           |   |
| STREET ADDRESS | MM 21.5, CUDJOE KEY |                                 | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP    | CUDJOE KEY FL       |                                 | 1.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 2.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 2.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 3.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 3.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 3.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 4.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 4.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 4.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 5.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 5.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 5.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 6.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 6.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Jay Horan 1-13-97 (305)294-2856

Date

Daytime Phone #

CR2E034 (9/96)