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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G72259** (6)

1. Corporation Name
MOODY AGENCY, INC.

Principal Place of Business % WILLIAM ZANE, 1680-D S TAMiami TR P.O. BOX 598 VENICE FL 34284-0598	Mailing Address % WILLIAM ZANE, 1680-D S TAMiami TR P.O. BOX 598 VENICE FL 34284-0598
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1983	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2358028		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZANE, VIRGINIA M. 1680 D.S. TAMiami TR. P.O. BOX 598 VENICE FL 34284-7598		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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 *William R. Zane, President* *William R. Zane* *04/21/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ZANE, VIRGINIA M.	1.2 NAME	ZANE, WILLIAM R.
STREET ADDRESS	1680 D.S. TAMiami TR.	1.3 STREET ADDRESS	1680 D.S. TAMiami TR.
CITY - ST - ZIP	VENICE FL	1.4 CITY - ST - ZIP	VENICE, FL 34293
TITLE	VSD	2.1 TITLE	VTD
NAME	REESE, GEORGE A.	2.2 NAME	ZANE, VIRGINIA M.
STREET ADDRESS	1680 D.S. TAMiami TR.	2.3 STREET ADDRESS	1680-D S. TAMiami TR.
CITY - ST - ZIP	VENICE FL	2.4 CITY - ST - ZIP	VENICE, FL 34293
TITLE		3.1 TITLE	SD
NAME		3.2 NAME	REESE, GEORGE A. III
STREET ADDRESS		3.3 STREET ADDRESS	1680-D S. TAMiami TR.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	VENICE, FL 34293
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE: *William R. Zane* *William R. Zane* *04/21/97* *241/445-1583*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)