

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G72448** (5)

1. Corporation Name  
**FREDERICK INSURANCE AGENCY, INC.**



Principal Place of Business: **ONE PURLEU PLACE, SUITE 249 WINTER PARK FL 32792**  
Mailing Address: **ONE PURLEU PLACE, SUITE 249 WINTER PARK FL 32792**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **11/30/1983**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-2346721**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: **FREDERICK, FRANK J. ONE PURLEAU PLACE, STE 249 WINTER PARK FL 32792**  
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607 (b)(2) and (c)(2), 190.03, Florida Statutes, the above named corporation submits in a statement for the purpose of changing its registered officer 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 607.06(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	
NAME	FREDERICK, FRANK J.	12 NAME	
STREET ADDRESS	ONE PURLEU PLACE, 249	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	
TITLE	ST	2 NAME	
NAME	FREDERICK, CAROLE	26 STREET ADDRESS	
STREET ADDRESS	ONE PURLEU PLACE, #249	27 CITY-ST-ZIP	
CITY-ST-ZIP	WINTER PARK, FL 00000	28 NAME	
TITLE		29 STREET ADDRESS	
NAME		30 CITY-ST-ZIP	
STREET ADDRESS		31 NAME	
CITY-ST-ZIP		32 STREET ADDRESS	
TITLE		33 CITY-ST-ZIP	
NAME		34 NAME	
STREET ADDRESS		35 STREET ADDRESS	
CITY-ST-ZIP		36 CITY-ST-ZIP	
TITLE		37 NAME	
NAME		38 STREET ADDRESS	
STREET ADDRESS		39 CITY-ST-ZIP	
CITY-ST-ZIP		40 NAME	
TITLE		41 STREET ADDRESS	
NAME		42 CITY-ST-ZIP	
STREET ADDRESS		43 NAME	
CITY-ST-ZIP		44 STREET ADDRESS	
TITLE		45 CITY-ST-ZIP	
NAME		46 NAME	
STREET ADDRESS		47 STREET ADDRESS	
CITY-ST-ZIP		48 CITY-ST-ZIP	
TITLE		49 NAME	
NAME		50 STREET ADDRESS	
STREET ADDRESS		51 CITY-ST-ZIP	
CITY-ST-ZIP		52 NAME	
TITLE		53 STREET ADDRESS	
NAME		54 CITY-ST-ZIP	
STREET ADDRESS		55 NAME	
CITY-ST-ZIP		56 STREET ADDRESS	
TITLE		57 CITY-ST-ZIP	
NAME		58 NAME	
STREET ADDRESS		59 STREET ADDRESS	
CITY-ST-ZIP		60 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and that the information is true and correct, 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 registrant 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 attached form with an address.

SIGNATURE: *Frank J. Frederick* 4/8/96 407-677-4236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)