

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H79330 (7)

1. Corporation Name
PAT GUIDRY AGENCY, INC.

Principal Place of Business
225 MAIN STREET
STE #11
DESTIN FL 32541
US

Mailing Address
174 COUNTRY CLUB ROAD
SHALIMAR FL 32579



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 225 MAIN STREET Suite, Apt. #, etc. 22 STE # 10 City & State 23 DESTIN FL Zip 24 32541		2a. Mailing Address 26 225 MAIN STREET Suite, Apt. #, etc. 27 STE # 10 City & State 28 DESTIN FL Zip 29 32541		3. Date Incorporated or Qualified 10/04/1985		4. FEI Number 59-2587472		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Additional Fee Required \$8.75		May Be Added to Fees \$5.00	

9. Name and Address of Current Registered Agent GUIDRY, PATRICIA A. 174 COUNTRY CLUB ROAD SHALIMAR FL 32579		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 225 MAIN STREET STE # 10 83 84 City DESTIN FL 85 Zip Code 32541	
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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 of an individual, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Patricia A. Guidry* PATRICIA A. GUIDRY 2/11/98
Signature typed or printed name of registered agent and the principal officer (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUIDRY, PATRICIA A. 174 COUNTRY CLUB RD SHALIMAR FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PST GUIDRY, PATRICIA A. 225 MAIN STREET STE # 10 DESTIN FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUIDRY, ROLAND D. 174 COUNTRY CLUB ROAD SHALIMAR FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP GUIDRY, ROLAND D. 225 MAIN STREET STE # 10 DESTIN FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Roland D. Guidry* ROLAND D. GUIDRY 2/11/98 837-5161 (850)

CR2E034 (10/97)