

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H82787 (3)

1. Corporation Name
EASTMAN INSURANCE AGENCY, INC.

Principal Place of Business
4201 N. FEDERAL HWY.
SUITE E
LIGHTHOUSE POINT FL 33064
US

Mailing Address
4201 N. FEDERAL HWY.
SUITE E
LIGHTHOUSE POINT FL 33064-6082
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/28/1985

3a. Date of Last Report
04/26/1996

4. FEI Number
59-2609146

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$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

MARSH, ELIZABETH L.
4201 N. FEDERAL HWY.
LIGHTHOUSE PT. FL 33064

10. Name and Address of New Registered Agent

81 Name
MARKHAM F. ROLLINS Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
4201 NO. FEDERAL HWY
83
84 City
LIGHTHOUSE POINT FL 85 Zip Code
33064

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: *Markham R. Rollins Jr.* MARKHAM R. ROLLINS Jr. PRES. 1/1/97
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	EASTMAN, JOSEPH J.	
STREET ADDRESS	4201 N. FEDERAL HWY.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROLLINS JR., MARKHAM F.	
STREET ADDRESS	4201 N. FEDERAL HWY.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, ELIZABETH L.	
STREET ADDRESS	4201 N. FEDERAL HWY.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P & ST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph J. Eastman* VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/97 Date 954-941-5090 Daytime Phone #

0148201

CR2E034 (9/96)