

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J81930 (6)**

1. Corporation Name  
**A-AARROW INSURANCE LAND OF FORT WALTON, INC.**



Principal Place of Business  
**200 SOUTH STREET NE  
FT. WALTON BEACH FL 32548-5811  
US**

Mailing Address  
**P.O. BOX 991  
NICEVILLE FL 32588  
US**

3. Date Incorporated or Qualified  
**07/08/1987**

3a. Date of Last Report  
**05/12/1995**

2. Principal Place of Business  
21 **200 South Street NE**  
Suite, Apt. #, etc  
22  
City & State  
23 **FT Walton Beach FL**  
Zip  
24 **32547** Country  
25 **US**

2a. Mailing Address  
26 **Same**  
Suite, Apt. #, etc  
27  
City & State  
28  
Zip  
29  
Country  
30

4. FEI Number  
**59-2700301**

Applied For  
 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  
**ELLIOTT, ELAINE B.  
200 SOUTH ST. NE  
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent  
81 Name **Keith D Clark**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**115 Parkwood Dr.**  
83  
84 City **Niceville** FL 85 Zip Code **32578**

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 *Keith D Clark* DATE **6-11-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>ELLIOTT, ROGER H.</b>	
STREET ADDRESS	<b>719 ST ROSE COVE</b>	
CITY - ST - ZIP	<b>NICEVILLE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/>
NAME	<b>ELLIOTT, ELAINE</b>	
STREET ADDRESS	<b>719 ST ROSE COVE</b>	
CITY - ST - ZIP	<b>NICEVILLE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>President</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>Keith D. Clark</b>		
13 STREET ADDRESS	<b>115 Parkwood Dr.</b>		
14 CITY - ST - ZIP	<b>Niceville FL 32578</b>		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keith D Clark* **Keith D Clark** DATE: **6-11-96** 904 244 1066

CRE034 (3/96)