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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # J86088 FIRST INSURANCE, INC.	(8)	***************************************		
Principal Place of Business 3310 US ALT 19 DUNEDIN FL 34698		Mailing Address 3310 US ALT 19 DUNEDIN FL 34698-1516			T HE BALL BYOU THAIR BITAL BURN INLET LELY BURN BYON SIBIL BLOCK BARL BURN BURN 1981 &
					3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1987 04/05/1996
2. Principal P	ace of Business	2a. Mailing Address			4. FEt Number Applied For
21		26	+		59-2836904 Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.			Certificate of Status Desired Section
City & State)	City & State		····	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zφ	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,
24	25		30		Florida Statutes Yes No
DCIF	Name and Address of CurrenGARY R.	t Hegistered Agent	81	Name	10. Name and Address of New Registered Agent
	CROSSWINDS DRIVE				
	M HARBOR FL 34683		82	Street /	t Address (P.O. Box Number is Not Acceptable)
			83	il	
			84	City	B5 Zip Code
				' '	FL T
11. Pursuant office or n	to the provisions of Sections 607.0503 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the abou	e-named	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statute	s.	sportation a account of an account in the support the support that the support
SIGNATURE	Sograture try common printed name of registered agen	the state of any leading the state of the st	- Projetored A	ant elanatura	re regulrad when reinstating) DATE
12.	OFFICERS AND	The state of the s	13.	Seut Bidhraiche	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	DPS	DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS	335 CROSSWINDS DR.		1.3 STREET ADDRESS		
CITY-ST ZIP	PALM HARBOR FL 34683		1.4 CITY -		
TULE	DVT PEID CARY P	☐ DELETE	2.1 TITLE		Change Addition
NAME	REID, GARY R. 335 CROSSWINDS DR.		2.2 NAME		
STREET ADDRESS	PALM HARBOR FL 34683			T ADDRESS	į
CHY-ST-ZIP	1720112011120100	DELETE	2 4 CITY 3.1 TITLE	- SI-ZIP	Change Addition
NAME		hoppi	3.2 NAME		
STREET ADDRESS			- 1	T ADDRESS	
CHY+\$T-Z₽			3.4. City		
JULE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAM	E	
STREET ADORESS			4,3 STREE	T ADDRESS	·
CITY ST ZIF		- I priett	4.4 CITY -		
TOTLE		☐ DELETE	5.1 TITLE		Change Addition
NAME CIDELL ADDRESS			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CHY-S1-7/P	,	☐ DELETE	5.4 CITY- 6.1 TITLE		Change Addition
NAME		— **	6.2 NAME		
STREET ADDRESS				T 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 copyoration 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 it chapted or of an attachment with an address.

SIGNATURE:

CHY+S1-ZIP

8137840878

FILED

Apr 07 1997 8:00am

Secretary of State