

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J98188 (2)**

1. Corporation Name
THE ZIMMERMAN AGENCY, INC.



Principal Place of Business: **3534 THOMASVILLE ROAD TALLAHASSEE FL 32308**
Mailing Address: **3534 THOMASVILLE ROAD TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified: **10/21/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **58-1708038**
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

2. Principal Place of Business: **1821 Miccosukee Commons Dr.**
2a. Mailing Address: **1821 Miccosukee Commons Dr.**
22. City & State: **Tallahassee, FL**
28. City & State: **Tallahassee, FL**
24. Zip: **32308** 25. Country: **USA**
29. Zip: **32308** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **ZIMMERMAN, CURTIS L. 3534 THOMASVILLE ROAD TALLAHASSEE FL 32308**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **1821 Miccosukee Commons Dr.**
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	ZIMMERMAN, CURTIS L	1.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	653 FOREST LAIR STREET	1.2 NAME:	
STREET ADDRESS:	TALLAHASSEE FL	1.3 STREET ADDRESS:	
CITY-STATE-ZIP:		1.4 CITY-STATE-ZIP:	32312
TITLE: PD	ZIMMERMAN, CARRIE L	2.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	653 FOREST LAIR STREET	2.2 NAME:	
STREET ADDRESS:	TALLAHASSEE FL	2.3 STREET ADDRESS:	
CITY-STATE-ZIP:		2.4 CITY-STATE-ZIP:	32312
TITLE:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **Curtis Zimmerman** 1-24-96 904-618-2222
DATE: _____

CR2E034 (12/95)