

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76263

(7)

1. Corporation Name

DON PECKHAM INSURANCE, INC.



Principal Place of Business

7217 COCA SABAL LANE
FT. MYERS FL 33908-4264

Mailing Address

7217 COCA SABAL LANE
FT. MYERS FL 33908-4264

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PECKHAM, DON
7217 COCA SABAL LANE
FT. MYERS FL 33908

3. Date Incorporated or Qualified

05/29/1990

3a. Date of Last Report

04/28/1995

4. FLE Number

65-0201365

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. 193.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Signature, typed or printed name of registered agent and title (if applicable)

1207b Registered Agent signature required when name is changed

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.7 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

941/433-2985

CR2E034 (12/95)