


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000795**

POLK INSURANCE COMPANY, L.C.
1500 6TH STREET N.W.
WINTER HAVEN FL 33881

FILED
99 MAR 12 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

1500 6TH STREET N.W.
WINTER HAVEN FL 33881

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/22/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		59-3393452	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				03/03/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

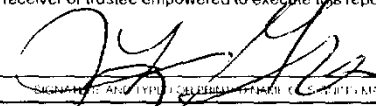
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
GREEN, JAMES L 1500 6TH STREET N.W. WINTER HAVEN FL 33881	Name Street Address (P.O. Box Number is Not Acceptable) 8000002814358 Suite, Apt. #, etc. -03/22/99-01148-011 ****188.75 ****188.75 City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when Applicable)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BULLARD AGENCY, INC.	221 EAST STUART AVENUE	LAKE WALES FL
MEM	GREEN'S INSURANCE SERV	1500 6TH STREET N.W.	WINTER HAVEN FL
MEM	HATTON INSURANCE AGENC	322 EAST MAIN STREET	BARTOW FL
MEM	CHAD GREEN INSURANCE, INC	1617 E. GARY ROAD	LAKELAND, FL
MEM	MITCHELL INS. AGENCY, INC	105 N. BROADWAY	FORT MEADE FL
MEM	DE SOTO INS AGENCY, INC	P O BOX 880	ARCADIA FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  3-10-99 941-2944241