

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M79238 (5)

1. Corporation Name

CRUMP INSURANCE SERVICES OF FLORIDA, INC.

Principal Place of Business

1211 SEMORAN BOULEVARD
SUITE 277
CASSELBERRY FL 32707
US

Mailing Address

7557 RAMBLER ROAD, SUITE 350
DALLAS TX 75231-4163

3. Date Incorporated or Qualified

05/02/1988

3a. Date of Last Report

03/05/1996

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

4. FEI Number

22-2904551

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.

1201 HAYS STREET

SUITE 105

TALLAHASSEE FL 32301

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DEV

DELETE

NAME

JONES, ORVILLE D.

STREET ADDRESS

7557 RAMBLER RD. #350

CITY - ST - ZIP

DALLAS TX

TITLE

S

DELETE

NAME

MANNING, KAY

STREET ADDRESS

7557 RAMBLER RD. #350

CITY - ST - ZIP

DALLAS TX

TITLE

PD

DELETE

NAME

CLEAVER, D.

STREET ADDRESS

1211 SEMORAN BLVD. #227

CITY - ST - ZIP

CASSELBERRY FL

TITLE

DT

DELETE

NAME

O'BRIEN, PATRICK R.

STREET ADDRESS

7557 RAMBLER RD, #350

CITY - ST - ZIP

DALLAS TX

TITLE

AT

DELETE

NAME

O'DAY, JOHN E.

STREET ADDRESS

1000 RIDGEWAY LOOP ROAD

CITY - ST - ZIP

MEMPHIS TN

TITLE

AT

DELETE

NAME

COHEN, D.

STREET ADDRESS

1000 RIDGEWAY LOOP ROAD

CITY - ST - ZIP

MEMPHIS TN

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET 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 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 if changed, or on an attachment with an address.

714-265-2660

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kay Manning, Secretary 2/6/97

Date

Daytime Phone #

CR2E034 (9/96)