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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000002077 (4)

1. Corporation Name  
LANE & ASSOCIATES INSURANCE SERVICES, INC.



Principal Place of Business  
2828 E BEARSS AVE  
~~SUITE 230-40~~  
TAMPA FL 33613  
US

Mailing Address  
2828 E BEARSS AVE  
TAMPA FL 33613-2653  
US

3. Date Incorporated or Qualified: 01/04/1993  
3a. Date of Last Report: 03/21/1996  
4. FEI Number: 59-3156297  
Applied For: Not Applicable  
6. 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  
21  
Suite, Apt. #, etc.: delete  
22  
City & State: delete  
23  
Zip: delete  
24  
Country: delete  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.: delete  
27  
City & State: delete  
28  
Zip: delete  
29  
Country: delete  
30

9. Name and Address of Current Registered Agent  
LANE, RICHARD W  
2828 E BEARSS AVE  
TAMPA FL 33647

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: DP  
NAME: LANE, RICHARD W  
STREET ADDRESS: 2828 E BEARSS AVE  
CITY-ST-ZIP: TAMPA FL  
[Repeat for other officers]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
[Repeat for other additions]

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, changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LANE, RICHARD W, Pres. 3/3/97 8139770006

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