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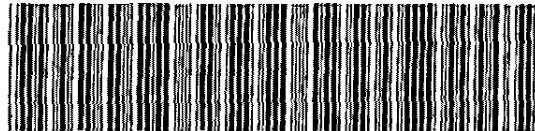
(Business Entity Name)

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**CORPORATION
ANNUAL REPORT
1995**



**DEPARTMENT OF STATE
OFFICE OF
CORPORATION
AND
CONTRIBUTIONS**

**APPROVED
AND
FILED**

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DOCUMENT # P93000023954 (9)

**BOB BROOKS INDEPENDENT AUTO INSURANCE OF BLANDIN
G. INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office Address

**5309 BLANDING BLVD
JACKSONVILLE FL 32210**

Mailing Address

**5309 BLANDING BLVD
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

2. Incorporation (Name)

21. State of Inc.

22. Fictitious

23. Zip

24. Country

25. Mailing Address

26. State of Inc.

27. Fictitious

28. Zip

29. Country

**3. Date Incorporated or Qualified
03/18/1993**

**3a. Date of Last Filing
11/18/1994**

**4. FLE Number
59-3192316**

**5. Certificate of Status Desired
Additional Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution**

**7. This corporation has liability for intangible tax under S. 191.002,
Florida Statutes**

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROOKS, ROBERT M
5309 BLANDING BLVD
JACKSONVILLE FL 32210**

**81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code**

11. The agent to the provisions of Sections 191.002 and 191.003, 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 authorized to accept the appointment of the corporation's board of directors.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS RE 12

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14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 113.01(3)(b), Florida Statutes. I further certify that the information included on this annual report or registration report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: Robert M Brooks 944778760