


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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000030978 (9)**

1. Corporation Name

**BEECHWOOD INSURANCE MANAGERS, INC.**



Principal Place of Business

**P.O. BOX 18364  
JACKSONVILLE FL 32245  
US**

Mailing Address

**P.O. BOX 18364  
JACKSONVILLE FL 32245  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
<b>2110 SAWGRASS VILLAGE DR</b>		<b>2110 SAWGRASS VILLAGE DR.</b>		<b>04/27/1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>65-0404385</b>	
22. City & State		27. City & State		5. Certificate of Status Desired	
<b>PONTE VEDRA BEACH, FL</b>		<b>PONTE VEDRA BEACH, FL</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
<b>32082</b>		<b>32082</b>		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible	
<b>USA</b>		<b>USA</b>		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SHENKMAN, MICHAEL D 10151 DEERWOOD PARK BLVD. BLDG 100 STE 200 JACKSONVILLE FL 32256</b>				<b>PHILLIP I. DILLINGHAM Street Address (P.O. Box Number is Not Acceptable) WALKER, KOEHLER &amp; DILLINGHAM 217 PONTE VEDRA PARK DRIVE City PONTE VEDRA BEACH FL 32082</b>	

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHENKMAN, MICHAEL D</b>	1.2 NAME	
STREET ADDRESS	<b>10151 DEERWOOD PARK BLVD BLDG 100 STE 200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWSON, BRUCE K</b>	2.2 NAME	
STREET ADDRESS	<b>10151 DEERWOOD PARK BLVD BLDG 100 STE 200</b>	2.3 STREET ADDRESS	<b>2110 SAWGRASS VILLAGE DR.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUHR, ARTHUR H</b>	3.2 NAME	
STREET ADDRESS	<b>10151 DEERWOOD PARK BLVD BLDG 100 STE 200</b>	3.3 STREET ADDRESS	<b>2110 SAWGRASS VILLAGE DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE

**PHILLIP I. DILLINGHAM**

**PHILLIP I. DILLINGHAM**

**PHILLIP I. DILLINGHAM**

CR2E034 (10/97)