



Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

Mar 06 1997 8:00am
Secretary of State



DOCUMENT # P93000032254 (3)
1. Corporation Name
JUDITH A. HARRELL INSURANCE AGENCY, INC.

Principal Place of Business
RT. 1 BOX 236
SUITE 106
BAKERSVILLE NC 28705
US

Mailing Address
RT. 1 BOX 270
SUITE 406
BAKERSVILLE NC 28705-0792
US

2. Principal Place of Business
21 7353 Sand Lake Rd
Suite, Apt. #, etc.
22 #3
City & State
23 Orlando Fla
Country
24 32819 25
26 7353 Sand Lake Rd
Suite, Apt. #, etc.
27 #3
City & State
28 Orlando Fla
Zip
29 32819 30 USA

3. Date Incorporated or Qualified
04/27/1993
3a. Date of Last Report
05/01/1996
4. FEI Number
65-0414661
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
8. Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
Yes No

9. Name and Address of Current Registered Agent
HARRELL, JUDITH A
7353SAND LAKE ROAD
ORLANDO FL 32819
10. Name and Address of New Registered Agent
81 Name
JUDITH A. PORTLOCK
82 Street Address (P.O. Box Number is Not Acceptable)
7353 Sand Lake Rd #3
83
84 City
Orlando FL 85 Zip Code
32819

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 type for printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating.
DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
DPS
1.2 NAME
HARRELL, JUDITH A.
1.3 STREET ADDRESS
7353 SAND LAKE RD.
1.4 CITY-ST-ZIP
ORLANDO FL
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
D, P, S
1.2 NAME
JUDITH A. PORTLOCK
1.3 STREET ADDRESS
7353 Sand Lake Rd
1.4 CITY-ST-ZIP
Orlando, Fla 32819
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #