

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084639 (2)

1. Corporation Name

PERRY ACTION INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

4311 US HWY 19
NEW PORT RICHEY FL 34652

4311 US HWY 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business	2a. Mailing Address
21 5007 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652	26 5007 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
12/10/1993	04/11/1995
4. FEI Number	Applied For
59-3206769	Not Applicable
5. 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

9. Name and Address of Current Registered Agent

GRAHAM, PERRY J
4311 US HWY 19
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name	PERRY J GRAHAM
82 Street Address (P.O. Box Number is Not Acceptable)	5007 TROUBLE CREEK ROAD
83 City	NEW
84 City	NEW PORT RICHEY FL
85 Zip Code	34652

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 firm if applicable

(SEE INSTRUCTIONS) Registered Agent Signature Required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	GRAHAM, PERRY J	1.2 NAME	
STREET ADDRESS	3870 ROCKAWAY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL 34691	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Perry J. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERRY J GRAHAM

JUNE 12, 1996 (813) 842-3466

DATE

OFFICE PHONE

CR2E034 (3/96)