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Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000084639 (2)

1. Corporation Name

PERRY ACTION INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5007 TROUBLE CREEK RD. NEW PORT RICHEY FL 34852 US		Mailing Address 5007 TROUBLE CREEK RD. NEW PORT RICHEY FL 34852 US	
2. Principal Place of Business 21 5011 TROUBLE CREEK RD. Suite, Apt. #, etc. 22 NEW PORT RICHEY, FL City & State 23 34652 US Zip Country		2a. Mailing Address 26 5011 TROUBLE CREEK RD. Suite, Apt. #, etc. 27 NEW PORT RICHEY, FL City & State 28 34652 US Zip Country	
9. Name and Address of Current Registered Agent PERRY J. GRAHAM 5011 - 5007 TROUBLE CREEK ROAD NEW PORT RICHEY FL 34852		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	3670 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 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:

Perry J. Graham

(P. J.) P. J. - 34652

CP2E034 (10/97)