

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 21 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 # P94000053538 (2)
1. Corporation Name

JOHN ADCOCK & ASSOCIATES, INC.



Principal Place of Business

6804 N. ARMENIA AVE.
STE. 7
TAMPA FL 33604
US

Mailing Address

6804 N. ARMENIA AVE.
STE. 7
TAMPA FL 33604
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1994

4. FEI Number

59-3286067

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 107 E. Fowler Ave #103

22 Suite, Apt. #, etc.
Suite 103

23 City & State
Tampa, FL

24 Zip
33612

25 Country
USA

2a. Mailing Address

26 107 E. Fowler Ave #103

27 Suite, Apt. #, etc.
Suite 103

28 City & State
Tampa, FL

29 Zip
33612

30 Country
USA

9. Name and Address of Current Registered Agent

TROCKE, MICHAEL T
101 E KENNEDY BLVD
SUITE 2500
TAMPA FL 33602

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

TITLE D
NAME KEMP, PATRICE A
STREET ADDRESS 107 E FOWLER AVE SUITE 103
CITY-ST-ZIP TAMPA FL 33612

TITLE D
NAME ADCOCK, MICHAEL
STREET ADDRESS 107 E FOWLER AVE SUITE 103
CITY-ST-ZIP TAMPA FL 33612

TITLE D
NAME ADCOCK, JOHNNY R
STREET ADDRESS 107 E FOWLER AVE SUITE 103
CITY-ST-ZIP TAMPA FL 33612

TITLE D
NAME ADCOCK, JOHN L
STREET ADDRESS 107 E FOWLER AVE SUITE 103
CITY-ST-ZIP TAMPA FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 registered agent 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]

7-7-98

813
935-8795

CR2E034 (5/98)

JOHN ADCOCK INSURANCE AGENCY, INC.

John L. Adcock
Chairman of the Board

Gary B. Johnson
President

Char Richwine
Vice President - Sales

Mark J. DeBee
Vice President - Sales

Andrew Zyndorf
Vice President - Marketing

James Vallandingham
Assistant Vice President

Frank McMichael
Senior Sales Associate

Walter Diaz
Sales Associate

John Griggs
Sales Associate

Robert C. Myers
Sales Associate

Chuck Hurst
Sales Associate

Gary Cona
Sales Associate

Joey Davis
Sales Associate

Gary Atwood
Sales Associate

Dale Wehinger
Sales Associate

Doug Thorne
Sales Associate

Chris Cona
Sales Associate

Vivian Kirchner
Sr. Health Administrator

Chris Rayburn
Life/Health Administrator

Mercedes Hayman
Health Administrator

Peggy Locke
Health Administrator

Cindy Savage
Systems Analyst

Ardie Cook
Health Administrator

July 6, 1998

filed

Florida Department of State
Division of Corporations
Annual Reports Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: Corporation Annual Report

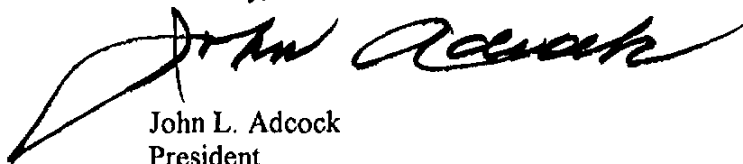
To Whom It May Concern:

Per our phone conversation, please find enclosed our company check #6179 in the amount of \$150.00 for our 1998 Profit Corporation Annual Report. I phoned your office today to inform you that I never received the first request for this report, as you have the incorrect mailing address and therefore, I did not receive this original package. The package of information that I received today noted that we now owe \$550.00. I was told to mail the report and the original amount of \$150.00 and to explain why I was not paying the late fee portion. I am enclosing a copy of the mailing label from your department which indicates the location of a sub-office. I cannot be certain if that location received the original package, however, I did not receive this information.

We have another corporation in the name of John L. Adcock Insurance Agency, Inc. and I mailed that report and check in January, 1998. I contacted your department early in the year and was informed that the package for John Adcock & Associates, Inc. would be sent out, however, I never received this information until today.

Please review the above information, and let me know if you can waive the late fee and accept our check in the amount of \$150.00. Thank you very much for your time and consideration in this matter.

Sincerely,



John L. Adcock
President

enclosures