

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040740 (9)
 1. Corporation Name
JCB INSURANCE OF MANASOTA, INC.



Principal Place of Business 6320 15 STREET EAST C7 SARASOTA FL 34243 US	Mailing Address 1815 HIBISCUS ST SARASOTA FL 34239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6320 15 ST. EAST Suite, Apt. #, etc. 22 C-8 City & State 23 SARASOTA FLA. Zip 24 34243 Country 25 FLORIDA	2a. Mailing Address 26 P.O. BOX 1520 Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE FL. Zip 29 32300 Country 30 FLORIDA
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3. Date Incorporated or Qualified 05/23/1995	4. FEI Number 65-0582098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CANTERBURY, JOYCE 1815 HIBISCUS STREET SARASOTA FL 34239	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81 Name</td></tr> <tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td></tr> <tr><td>84 City</td></tr> <tr><td>85 Zip Code</td></tr> </table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
81 Name						
82 Street Address (P.O. Box Number is Not Acceptable)						
83						
84 City						
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: *Joyce Canterbury* DATE: **1-23-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME CANTERBURY, JOYCE	1.1 TITLE	PRESIDENT
STREET ADDRESS 1815 HIBISCUS ST	CITY-ST-ZIP SARASOTA FL 34239	1.2 NAME	ALEX CHAVEZ
TITLE VP	NAME CHAVEZ, ALEX	1.3 STREET ADDRESS	1815 HIBISCUS ST
STREET ADDRESS 1815 HIBISCUS STREET	CITY-ST-ZIP SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	NAME	2.1 TITLE	VICE-PRESIDENT
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	JOYCE CANTERBURY CHAVEZ
TITLE	NAME	2.3 STREET ADDRESS	1815 HIBISCUS ST
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	NAME	3.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-23-98** **941-739-9191**

CFR2E034 (10/97)