

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

**FILED**  
**Apr 03 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000014633 (7)**

1. Corporation Name:  
**BRANCH & ASSOCIATES INSURANCE AGENCY, INC.**



Principal Place of Business Mailing Address  
**110 DEBARRY AVENUE ORANGE PARK FL 32073**  
**110 DEBARRY AVENUE ORANGE PARK FL 32073-2005**

3. Date Incorporated or Qualified **02/12/1996** 3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	7.
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For				5. Certificate of Status Desired		8. Election Campaign Financing	
108-B DeBARRY AVE		108-B DeBARRY AVE		59-3359205		Not Applicable				<input type="checkbox"/>		<input type="checkbox"/>	
State, Apt. #, etc.		Suite, Apt. #, etc.								\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees	
City & State		City & State											
Orange Park, FL		Orange Park, FL											
Zip Country		Zip Country											
32073 USA		32073 USA											

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRANCH, C. CAMERON 110 DEBARRY AVENUE ORANGE PARK FL 32073				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1598, 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: C. Cameron Branch DATE: 2-14-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PROVIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. Cameron Branch	1.2 NAME	
STREET ADDRESS	108 B DeBARRY AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK, FL 32073	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: C. Cameron Branch DATE: 2-14-97 904-269-4818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)