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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067711

1. Corporation Name
HARRIS INSURANCE OF PENSACOLA, INC.

Principal Place of Business
124 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32549

Mailing Address
124 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/1996
4. FEI Number
59-3410563
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 the current year Intangible Personal Property Tax. [] Yes [] No

2. Principal Place of Business
21 []
22 Suite, Apt. #, etc. []
23 City & State []
24 Zip [] Country []
25 []
2a. Mailing Address
26 []
27 Suite, Apt. #, etc. []
28 City & State []
29 Zip [] Country []
30 []

9. Name and Address of Current Registered Agent
HARRIS, WHIT
124 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32549

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE [] DELETED
NAME HARRIS, WHIT
STREET ADDRESS 124 MIRACLE STRIP PARKWAY
CITY-ST-ZIP FORT WALTON BEACH FL 32549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME []
1.3 STREET ADDRESS []
1.4 CITY-ST-ZIP []
2.1 TITLE [] Change [] Addition
2.2 NAME []
2.3 STREET ADDRESS []
2.4 CITY-ST-ZIP []
3.1 TITLE [] Change [] Addition
3.2 NAME []
3.3 STREET ADDRESS []
3.4 CITY-ST-ZIP []
4.1 TITLE [] Change [] Addition
4.2 NAME []
4.3 STREET ADDRESS []
4.4 CITY-ST-ZIP []
5.1 TITLE [] Change [] Addition
5.2 NAME []
5.3 STREET ADDRESS []
5.4 CITY-ST-ZIP []
6.1 TITLE [] Change [] Addition
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)(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, with all other like empowered.

SIGNATURE: 2/15/99 880/200-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)