

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035029 (2)

1. Corporation Name
TOM WILLIAMS INSURANCE, INC.

Principal Place of Business
2100 S.E. 17TH ST. 9085 SW 19 Ave.
SUITE 300
OCALA FL 34471
Mailing Address
2100 S.E. 17TH ST. P.O. Box 770471
OCALA FL 34471
OCALA, FL 34476-7528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9095 SW 19 Ave. Rd. 22 Suite, Apt. #, etc. 23 City & State Ocala, Florida 24 Zip 34476-7528 25 Country USA		2a. Mailing Address 26 P.O. Box 770471 27 Suite, Apt. #, etc. 28 City & State Ocala, Florida 29 Zip 34477-0471 30 Country USA		3. Date Incorporated or Qualified 04/18/1997 4. FEI Number 59-3441284 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 checked="" type="checkbox"/> No	
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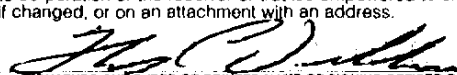
9. Name and Address of Current Registered Agent MCKEEVER, JOHN P 2100 S.E. 17TH STREET SUITE 300 OCALA FL 34471				10. Name and Address of New Registered Agent 81 Name WILLIAMS, THOMAS C. 82 Street Address (P.O. Box Number is Not Acceptable) 9085 SW 19 Ave. Rd. 83 84 City Ocala 85 Zip Code FL 34476			
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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 607.0506, Florida Statutes.

SIGNATURE  3-17-98
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT WILLIAMS, THOMAS C. 9085 SW 19 Avenue Road Ocala, FL 34476	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT & SECRETARY WILLIAMS, MARCIA K. 9085 SW 19 Avenue Road Ocala, Florida 34476	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3/3/98
THOMAS C. WILLIAMS (352) 873-3435

CR2E034 (10/97)