

FILE NOW: FILING FEE AFTER **Amended** \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT #

1. Corporation Name

P97000091818
Coppin Insurance Agency, Inc.

Principal Place of Business

Rt. Myers, FL

Mailing Address

15271 McGregor Rd.
Rt. Myers, FL 33908

2. Principal Place of Business

21 Rt. Myers, FL

Suite, Apt. #, etc.

2a. Mailing Address

26 15271 McGregor Rd.

Suite, Apt. #, etc.

27 Rt. Myers, FL

City & State

City & State

23 Zip

Country

28 Zip

Country

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25

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33908

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Lee

9. Name and Address of Current Registered Agent

CSC Networks
1201 Hays St.
Tallahassee, FL 32301-2607

10. Name and Address of New Registered Agent

81 Name F. David Coppin, President
82 Street Address 977 No. Waterway Dr.
83 City
84 City Rt. Myers FL 33919

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

F. David Coppin, President

3-10-99

12. OFFICERS AND DIRECTORS

TITLE	President	[] DELETE
NAME	F. David Coppin	
STREET ADDRESS	977 No. Waterway Dr.	
CITY-ST-ZIP	Rt. Myers, FL 33919	
TITLE	V. Pres	[] DELETE
NAME	Tracey C. Grushen	
STREET ADDRESS	1705 Park Meadows Dr.	
CITY-ST-ZIP	Rt. Myers, FL 33907	
TITLE	Treasurer	[] DELETE
NAME	David R. Grushen	
STREET ADDRESS	1705 Park Meadows Dr.	
CITY-ST-ZIP	Rt. Myers, FL 33907	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
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TITLE		[] DELETE
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STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[] Change [] Add
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
15 TITLE		
16 NAME		
17 STREET ADDRESS		
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*****8.75 *****8.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

F. David Coppin, President F. David Coppin, Pres. 3-10-99 941-489-2442