FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S71475** **(5)**

1. Corporation Name

AMERICAN PHOENIX INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
% AMERICAN PHOENIX CORP OF TAMPA BAY 4535 CENTRAL AVENUE ST. PETERSBURG FL 33713-8137 US	% AMERICAN PHOENIX CORP OF TAMPA BAY 4535 CENTRAL AVENUE ST. PETERSBURG FL 33713-8137 US

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

3. Date Incorporated or Qualified: 08/05/1991	3a. Date of Last Report: 03/28/1995
4. FEI Number: 06-1326019	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, MARTIN L III		1.2 NAME	
STREET ADDRESS	4535 CENTRAL AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, ROBERT P		2.2 NAME	
STREET ADDRESS	4535 CENTRAL AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, D. WAYNE		3.2 NAME	
STREET ADDRESS	4535 CENTRAL AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, WILLIAM E		4.2 NAME	
STREET ADDRESS	4535 CENTRAL AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALTINE, CLARA F		5.2 NAME	
STREET ADDRESS	4535 CENTRAL AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, KEITH D		6.2 NAME	
STREET ADDRESS	4535 CENTRAL AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-18-96 (813) 321-1141
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D. WAYNE MURPHY, VICE-PRESIDENT

CR2E034 (12/95)