

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V01081 (1)
 1. Corporation Name
MALLORY SWINSON INSURANCE AGENCY, INC.



Principal Place of Business 2430 NW 105TH TERR CORAL SPRINGS FL 33071 US	Mailing Address 2430 NW 105TH TERR CORAL SPRINGS FL 33065-3705 US
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3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21 308 S. Mariam Lake Dr. Suite, Apt. #, etc. 22 City & State 23 Winter Haven Fl. Zip 84 Country 24 33813 25 Polk	2a. Mailing Address 26 308 S. Mariam Lake Dr. Suite, Apt. #, etc. 27 City & State 28 Winter Haven Fl. Zip 84 Country 29 33813 30 Polk	4. FEI Number 65-0298136 Applied For Not Applicable 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent SWINSON, MALLORY 2430 NW 105TH TERR CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 308 S. Mariam Lake Dr. 83 84 City Winter Haven FL 85 Zip Code 33813 84
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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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SWINSON, MALLORY		1.2 NAME	
STREET ADDRESS 2430 NW 105 TERRACE		1.3 STREET ADDRESS 308 S. Lake Mariam Dr.	
CITY-ST-ZIP CORAL SPRINGS FL		1.4 CITY-ST-ZIP Winter Haven FL. 33813 84	
TITLE VSTD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SWINSON, EDWARD		2.2 NAME	
STREET ADDRESS 2430 NW 105 TERRACE		2.3 STREET ADDRESS 308 S. Lake Mariam Dr.	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP Winter Haven FL. 33813 84	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SWINSON, DANIEL		3.2 NAME	
STREET ADDRESS 2430 NW 105 TERRACE		3.3 STREET ADDRESS 308 S. Lake Mariam Dr.	
CITY-ST-ZIP CORAL SPRINGS FL		3.4 CITY-ST-ZIP Winter Haven FL. 33813 84	
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 unchanged or on an attachment with an address.

SIGNATURE: _____

Edward Swinson

1/13/97

954-977-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0150073

CR2E034 (9/96)