

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

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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V52814** (3)
1. Corporation Name
JAMES ROAN INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
1225 DONNA DR **1225 DONNA DR**
FT MYERS FL 33919 **FT MYERS FL 33919-1612**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1992		3a. Date of Last Report 04/26/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 65-0346232		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROAN, JAMES 1225 DONNA DR FT MYERS FL 33919				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROAN, JAMES	1.2 NAME	<i>Thomas W. Roan</i>
STREET ADDRESS	1225 DONNA DR	1.3 STREET ADDRESS	<i>6735 Goldfield Dr.</i>
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	<i>Colorado Springs, Colo. 80911</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROAN, ELLEN	2.2 NAME	<i>Ronald H. Roan</i>
STREET ADDRESS	1225 DONNA DR	2.3 STREET ADDRESS	<i>860 Oxford Lane #18B</i>
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	<i>Colorado Springs, Colo. 80906</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>Robert S. Roan</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>18567 Violet, San Carlos Park</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>FT. MYERS, FL. 33912</i>
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 if changed, or on an attachment with an address.

SIGNATURE: *James Roan* **3-20-97** **941-939-2377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)