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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000040647 (8)
1. Corporation Name
EBARR INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
420 S LAKE AVE #8 TAVARES FL 32778	P. O. BOX 491555 LEESBURG FL 34749-1555 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3185340	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	

2. Principal Place of Business		2a. Mailing Address	
21 35 AVONDALE Suite, Apt. #, etc.	26 PO Box 19411 Suite, Apt. #, etc.	27	27
22 City & State 23 ASHEVILLE NC	22 City & State 23 ASHEVILLE NC	24 Zip 25 28803	24 Zip 25 28815
Country 25 USA	Country 25 USA	29	30

9. Name and Address of Current Registered Agent
ROEHRE, EDWARD A
420 S LAKE AVE #8
TAVARES FL 32778

10. Name and Address of New Registered Agent
81 Name ANN HYLTON
82 Street Address (P.O. Box Number is Not Acceptable) 2613 HOWLAND AVE.
83
84 City DELTONA FL 85 Zip Code 32738

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 *[Signature]* - ANN HYLTON DATE 3-8-95

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	CONSTANT, BARBARA A
STREET ADDRESS	420 S. LAKE AVE., #8
CITY-ST-ZIP	TAVARES FL
TITLE	PTD
NAME	ROEHRE, EDWARD A
STREET ADDRESS	420 S. LAKE AVE., #8
CITY-ST-ZIP	TAVARES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBARA A. CONSTANT	
1.3 STREET ADDRESS	PO Box 19411	
1.4 CITY-ST-ZIP	ASHEVILLE NC 28815	
2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARD A. ROEHRE	
2.3 STREET ADDRESS	PO Box 19411	
2.4 CITY-ST-ZIP	ASHEVILLE NC 28815	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), Florida Statutes. I further certify 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: *[Signature]* - EDWARD A. ROEHRE DATE 3-8-95 704-299-1978