


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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90173 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 515336**

1. Corporation Name  
**ILER, WALL & SHONTER, INSURANCE, INC.**



Principal Place of Business 800 49TH STREET N. ST PETERSBURG FL 33710 US	Mailing Address PO BOX 14448 ST. PETERSBURG FL 33733 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/29/1976</b>	4. FEI Number <b>59-1711216</b>	Applied For <input type="checkbox"/> Not Applicable
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
City & State	City & State	23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Country	Zip Country	24	25	29
				30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>WALL, JAMES KIPPS</b> 800 49TH STREET N. ST PETERSBURG FL 33710		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILER, RICHARD LEE	1.2 NAME	<b>VP W. Allen Klutts</b>
STREET ADDRESS	800 49TH STREET N.	1.3 STREET ADDRESS	<b>800 49th Street No</b>
CITY-ST-ZIP	ST PETERSBURG FL 33710	1.4 CITY-ST-ZIP	<b>ST Petersburg FL 33710</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALL, JAMES KIPPS	2.2 NAME	<b>VP John P. Coggeshall</b>
STREET ADDRESS	800 49TH STREET N.	2.3 STREET ADDRESS	<b>800 49th Street No</b>
CITY-ST-ZIP	ST PETERSBURG FL 33710	2.4 CITY-ST-ZIP	<b>ST Petersburg FL 33710</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHONTER, CLAIRE	3.2 NAME	
STREET ADDRESS	800 49TH STREET N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHONTER, RICHARD J	4.2 NAME	
STREET ADDRESS	800 49TH STREET N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTEKEIER, SUSAN B	5.2 NAME	
STREET ADDRESS	800 49TH ST NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, RICHARD J	6.2 NAME	
STREET ADDRESS	800 49TH ST NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I 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 with all other like empowered.

SIGNATURE: *[Signature]* **President** **3/5/99** **727-327-7070**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)