

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90061 001 ***150.00

DOCUMENT # 515336

1. Entity Name

ILER, WALL & SHONTER, INSURANCE, INC.

Principal Place of Business 49TH STREET N. PETERSBURG FL 33710	Mailing Address PO BOX 14448 ST. PETERSBURG FL 33733-4448 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1711216	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent WALL, JAMES KIPPS 800 49TH STREET N. ST PETERSBURG FL 33710	7. Name and Address of New Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

I, above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Corporation is eligible to satisfy its Intangible Filing requirement and elects to do so. (see criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD ILER, RICHARD LEE 800 49TH STREET N. ST PETERSBURG FL 33710	VP John P. Coggeshall 800 49th Street ST Petersburg FL 33710
VD WALL, JAMES KIPPS 800 49TH STREET N. ST PETERSBURG FL 33710	VP W. ALLEN KLUTTS 800 49th Street ST. Petersburg FL 33710
S. SHONTER, CLAIRE 800 49TH STREET N. ST PETERSBURG FL 33710	
VP SHONTER, RICHARD J 800 49TH STREET N. ST PETERSBURG FL 33710	
VP ANTEKEIER, SUSAN B 800 49TH ST NORTH ST PETERSBURG FL	
VP BUSCH, RICHARD J 800 49TH ST NORTH ST PETERSBURG FL	

I 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 on this report or supplemental 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 11 or Block 12 if on an attachment with an address, with all other like empowered.

SIGNATURE: *James Kipps* Date: 2 9 00 Daytime Phone #: 727327707