2003 😂 UNIFORM BUSINESS REPORT (UB MENT # 703118 FILED OKALOOSA COUNTY ASSOCIATION OF INDEPENDENT INSUR ANCE AGENTS, INC. 03 JAN 22 AM 10: 30 Principal Place of Business Mailing Address TALLAHATBEE. FLOKIBA 114 PALMETTO ST P.O. BOX 185 SUITE 8 FT WALTON BEACH FL 32549 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Many Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Nam 59-2897951 Not Applicable Zip -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KONAZD HILDERRANDT, ANNE M. 114 PALMETTO ST SUITE 8 **DESTIN FL 32541** The above named entity submits this statement for the purpose of changing its registered office or register the obligations of egistered agent. ed agent, or both, in the State of Florida. I am familiar SIGNATURE Signature, typed or printed name of registered agent and title if e (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP Delete TITLE **Change** ☐ Addition WAYNE WAL **FULLER, GARRETT** NAME 1881 w Huy 174 BONAIRE BLVD. STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP DV **X** Delete TITLE Change Change ☐ Addition HURSTON, ROD NAME 2065 ontega Drive 4839 SOUND SIDE DR.-STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP NAVARRE, Delete TITLE Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE RONALD HAYS HILDEBRANDT, ANNE NAME NAME 151- MARY EXTREA, PR STE STREET ADDRESS 2065 ORTEGA DR. STREET ANDRESS .CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 200009668102 CITY-ST-ZIP CITY-ST-7IP 12/24/02--01032--004 **61.25 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GINELIKTO DE REDINDIDO J

HAUS

1/23/02

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