

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703321** (0)
1. Corporation Name
PINELLAS ASSOCIATION OF INSURANCE AGENTS, INC.



Principal Place of Business 971 VIRGINIA AVE P. O. BOX 1747 PALM HARBOR FL 34682	Mailing Address 971 VIRGINIA AVE P. O. BOX 1747 PALM HARBOR FL 34682
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3. Date Incorporated or Qualified 12/13/1961
4. FEI Number 59-1966136
Applied For ☐ Not Applicable

2. Principal Place of Business 21 1543 S. Highland Ave. Suite, Apt. #, etc. 22 # 273 City & State 23 Clearwater, Florida Zip 24 33756	2a. Mailing Address 26 1543 S. Highland Suite, Apt. #, etc. 27 # 273 City & State 28 Clearwater, Florida Zip 29 33756
Country 25 Pinellas	Country 30 Pinellas

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Non profit ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent BLANCHARD, GEORGE F. 971 VIRGINIA AVE PALM HARBOR 34682	
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10. Name and Address of New Registered Agent	
81 Name Blanchard, George F.	
82 Street Address (P.O. Box Number is Not Acceptable) 1543 S. Highland Avenue	
83 #273	
84 City Clearwater,	85 Zip Code FL 33756

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **GEORGE F. BLANCHARD** (NOTE: Registered Agent signature required when reinstating) DATE **1-12-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
D RICE, JACK J 13080 SOUTH BELCHER ROAD LARGO FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
D WASSON, CHARLES 11309 STARKEY ROAD LARGO FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ DELETE
D BIAGI, PAT 2600 MCCORMICK DRIVE CLEARWATER FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ DELETE
ST BLANCHARD, GEORGE 971 VIRGINIA AVE PALM HARBOR FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
D PORTER, NANCY 405 SOUTH DUNCAN AVENUE CLEARWATER FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ DELETE
D ANDERSON, JOAN 1605 S MISSOURI AVE CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☒ Change ☐ Addition
President	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
Vice President	
3.1 NAME 3.2 STREET ADDRESS 3.3 CITY - ST - ZIP	☐ Change ☒ Addition
Scott B. Gramling 3810 16th Street N. St. Petersburg, Florida 33702	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
Vice President	
5.1 NAME 5.2 STREET ADDRESS 5.3 CITY - ST - ZIP	☐ Change ☐ Addition
Yvonne C. Wisely 6798 Crosswinds Drive St. Petersburg, Florida 33710	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE **GEORGE F. BLANCHARD** 1-12-98

CR2E037 (1097)