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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9300058385 (4)

ADVANTAGE AUTO INSURANCE, INC.

N/C 12/19/9 7

Country

BAUKNIGHT, JOANNE M 10532 SPRINGHILL DRIVE

SPRING HILL FL 34608

9. Name and Address of Current Registered Agent

ADVANTAGE INSURANCE INC.

2. Principal Place of Business

10532 SPRINGHILL DR SPRING HILL FL 34608

Suite, Apt. #, etc.

City & State

Zip

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

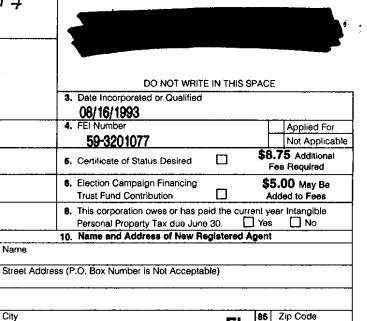
10532 SPRINGHILL DRIVE SPRING HILL FL 34608

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FILED Feb 19 1998 8:00am Secretary of State



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

Country

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agent. I am Iamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	BAUKNIGHT, JOANNE M		1.2 NAME			
STREET ADDRESS	1057 RUDOLPH CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition
NAME	BAUKNIGHT, ARTHUR G	•	2.2 NAME			
STREET ADDRESS	1057 RUDOLPH CT		2.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME :			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP		···	
TITLE	1	DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	l	DELETE	5.1 TITLE	/ 🗸	Change	Addition
NAME			5.2 NAME	/10/	7/. .	_
STREET ADDRESS			5.3 STREET ADDRESS	<i>y</i> =		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	30000243488	Change	Addition
NAME			6.2 NAME	-02/19/9801013028	•	
STREET ADDRESS			6.3 STREET AODRESS	***150.00		
CITY-ST-ZIP			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 audichment with an address.