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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051655 (4)
1. Corporation Name
SKYLINE INSURANCE AGENCY WESTSIDE, INC.



Principal Place of Business: 2151 LANE AVE S SUITE #103 JACKSONVILLE FL 32210
Mailing Address: 2151 LANE AVE S SUITE #103 JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2104 Cassat Avenue, Jacksonville, FL 32210
2a. Mailing Address: 26 2104 Cassat Avenue, Jacksonville, FL 32210

3. Date Incorporated or Qualified: 06/14/1996
4. FEI Number: 59-3389154
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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: PRATHER, SANDRA L, 2151 LANE AVE S SUITE #103 JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable) 2104 Cassat Avenue, 84 City Jacksonville, FL 85 Zip Code 32210

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	PRATHER, SANDRA L
STREET ADDRESS	47 HORSE TAIL AVE
CITY-ST-ZIP	MIDDLEBURG FL 32088
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NORRIS, REGINALD A III
STREET ADDRESS	805 BRUNSWICK RD
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D <input type="checkbox"/> DELETE
NAME	CROPPER, MARK S
STREET ADDRESS	1801 OCEAN DR S #803
CITY-ST-ZIP	JACKSONVILLE FL 32250
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Conrad E. Justice
1.3 STREET ADDRESS	3766 Five Farms Court
1.4 CITY-ST-ZIP	Jacksonville, FL 32225
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 as an attachment with an address.

SIGNATURE: _____ DATE: 4/13/1998

CR2E034 (10/97)