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 # P9700002041 (6)

WILTJER INSURANCE AGENCY, INC.

FILED
Apr 21 1998 8:00am
Secretary of State



(352) 323-8400

Principa! Plac	ce of Business	Mailing Address			
10801 US HIGHWAY 441 #A-5 10801 US HIGHWAY 441 #A-5					
	F LAKE VILLAGE	SHOPPES OF LAKE VILLAC		DO NOT WRITE IN THIS SPACE	
LEESBURG F	-L 34788	LEESBURG FL 34788		3. Date Incorporated or Qualified	
				01/01/1997	
2. Principal P	Place of Business	2a. Mailing Address	A 1	4. FEI Number Applied For	
21 176	25 Mount Vernon Rd	26 1725 Moin	nt Vernonko	59 - 3422793 Not Applicable	
Suite, Apt.		Suite, Apt.,#, etc.		Certificate of Status Desired S8.75 Additional	
	vite H	27 Suite +	······································	Fee Required	
City & Stat	Sburg Pl. 34748	Gity & State	1. 34748	Election Campaign Financing \$5.00 May Be	
23 P	Couptry	20 Leesnons F	Country ,	Trust Fund Contribution Added to Fees	
24 54	148 25 Cale	20 34748 B	a Take	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 F	1=-1- 17 · · · · · · · · · · · · · · · · · ·	<u> </u>	10. Name and Address of New Registered Agent	
Wil	WILTJER, RONALD E 81 Name Ronald & Wilter				
1 13011				tress (P.O. Box Number is Not Acceptable)	
Total Ottool Addition (monnt vernon Rd	
			63	10 A	
			84 City	85 Zip Code	
		7-2-1-10-2		S DXXC FL 34548	
office or r	to the provisions of Sections 607.0502 a registered agent or both, in the State of	and 607.1508, Florida Statutes Florida. Such change∧as au	, the above-named cor thorized by the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
office or registered agent, or both, in the State of Florida. Such change has authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the boligations of, Section 607.0809. Plorida Statutes.					
SIGNATURE Signature typedu or printed name of registered agent and title if applicable //NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		
NAME	WILTJER, RONALD E		12 NAME	TIN A MANAGE PA	
STREET ADDRESS	10601 US HIGHWAY 441 #A-5		13 SPREET ADDRESS	1725 Moont velonon Ro	
CITY-ST-ZIP	LEESBURG FL 34788		1.4 CITY-ST-ZIP	ITAS Mount Vernon Rd Suite A Lewburg Cl. 34748	
TITLE		☐ DELETE	21 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		
NAME			3.1 TITLE	L Change	
STREET ADDRESS			3.2 NAME		
CITY-S1-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME]		. -	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		····	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	pertify that the information expedied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Seption 110 07/2W/ Florida Ptet des 15 de la constante de la c	
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 attachment with an address.					