

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90271 045 ***158.75

0466926

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000021175
 1. Corporation Name
PILLAR INSURANCE AGENCY, INC.

Principal Place of Business 1301 6TH AVE W STE 310 BRADENTON FL 34205	Mailing Address 1301 6TH AVE W STE 310 BRADENTON FL 34205
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/05/1998	4. FEI Number 59-3494923	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
22 City & State	27 City & State	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
23 Zip Country	28 Zip Country	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83
24 Zip Country	29 Zip Country	84 City	85 Zip Code	

9. Name and Address of Current Registered Agent
CRUIKSHANK, DAVID C
1301 6TH AVE W
STE 310
BRADENTON FL 34205

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 *David C. Cruikshank* **DAVID C. CRUIKSHANK, PRESIDENT** **4/20/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WEICHEL, JOHN A
STREET ADDRESS	4401 RIVERVIEW BLVD
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	D <input type="checkbox"/> DELETE
NAME	CRUIKSHANK, DAVID C
STREET ADDRESS	4716 18 AVE W
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HAMBY, KENNETH S
STREET ADDRESS	7304 ALDERWOOD DRIVE
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GREEN, RALPH D
STREET ADDRESS	143 94TH AVE, #1
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S WAAG, ROSETTA
3.3 STREET ADDRESS	5928 DORAL DRIVE
3.4 CITY-ST-ZIP	SARASOTA, FL 34243
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosetta Waag* **ROSETTA WAAG, CORPORATE SECRETARY** **4/20/99** **1-800-780-8423**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # EXT 230

CR2E034 (1/198)