

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 13 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 # P97000000449 (3)

1. Corporation Name  
 KILROY INSURANCES, INC.



Principal Place of Business  
 4326 PARK BLVD., SUITE F  
 PINELLAS PARK FL 33781

Mailing Address  
 4326 PARK BLVD., SUITE F  
 PINELLAS PARK FL 33781

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-3417197

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

2. Principal Place of Business  
 21 1025-58TH ST N

2a. Mailing Address  
 26 1025-58TH ST N

22 City & State  
 23 ST. PETERSBURG FL  
 24 Zip 33710  
 25 Country USA

27 City & State  
 28 ST. PETERSBURG FL  
 29 Zip 33710  
 30 Country USA

9. Name and Address of Current Registered Agent

KILROY, ROBERT F  
 4326 PARK BLVD., SUITE F  
 PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1025-58TH ST N.  
 83  
 84 City ST PETERSBURG FL 85 Zip Code 33710

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

Signature, typed 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 IN 12

TITLE D  
 NAME KILROY, ROBERT F  
 STREET ADDRESS 4326 PARK BLVD., SUITE F  
 CITY-ST-ZIP PINELLAS PARK FL 33781

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS 1025-58TH ST N.  
 1.4 CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D  
 NAME KILROY, JANE E  
 STREET ADDRESS 4326 PARK BLVD., SUITE F  
 CITY-ST-ZIP PINELLAS PARK FL 33781

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS 1025-58TH ST N  
 2.4 CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

6000025876505  
 -07/14/98--01017--00  
 \*\*\*150.00

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.

SIGNATURE Robert F Kilroy  
 ROBERT F KILROY 7/6/98 (2) 347-7979

CR2E034 (5/98)

**Allstate**  
You're in good hands.

**Robert F Kilroy**  
Neighborhood Exclusive Agent  
1025 58th Street N  
St Petersburg FL 33710  
Bus: 813-347-7979  
1-800-486-7987  
Fax: 813-343-0656



July 01, 1998

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Kilroy Insurances Inc.

Dear Sirs:

I received in the mail today a notice requiring a filing fee of \$550. The envelope was stamped '2nd notice'. This is the only notice that I received. The envelope is addressed to my correct address - 1025 - 58th St N. St. Petersburg, FL 33710, but the form inside has my old address 4326 Park Blvd, Suite F, Pinellas Park, FL 33781. I believe what happened was that the 1st notice was sent to my prior address and was never forwarded to me.

I called your office and spoke with a customer service lady named Tanya. I explained the situation to her and she advised that I should complete the form and return it to you with this letter and a check for \$150. which I have included.

I have complied with these requirements and would be pleased to hear from you if there are any other requirements.

Sincerely,



Robert F. Kilroy



*24 Hour a Day Service*