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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90017 016 ***150.00

DOCUMENT # **F96000002244**

1. Corporation Name
FIRST INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
PO BOX 660237 DALLAS TX 75266-0237	PO BOX 660237 DALLAS TX 75266-0237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/06/1996

4. FEI Number: 61-0602178 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELLOWS, TIMOTHY W		1.2 NAME		
STREET ADDRESS	1008 OXFORDSHIRE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON TX 75007		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	~~GUTHRIE, ROY A.~~		2.2 NAME	misner, Donald R., Jr.	
STREET ADDRESS	2412 EMERALD CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHLAKE TX 76092		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSENTRAUB, MICHAEL C		3.2 NAME		
STREET ADDRESS	2108 REFLECTION BAY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX 76013		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, JOHN F		4.2 NAME		
STREET ADDRESS	250 CARPENTER FRWY.		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75062-2729		4.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, PATRICK J		5.2 NAME		
STREET ADDRESS	250 CARPENTER FREEWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		5.4 CITY-ST-ZIP		
TITLE	VS	☑ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	~~JOEST, PHYLLIS A~~		6.2 NAME	Liskow, Frederic C.	
STREET ADDRESS	250 CARPENTER FRWY.		6.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75062-2729		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: PATRICK J. GREENE ASST VICE PRESIDENT & ASST SECRETARY 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)