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

STREET ADDRESS

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CITY-ST-ZIP

FILED Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)331114 NAUGHTON INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 2700 UNIVERSITY BLVD. W P. O. BOX 10287 BLDG B JACKSONVILLE FL 32247-0287 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1212470 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 24 25 29 30 Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAUGHTON, JAMES D., III 2700 UNIVERSITY BLVD W. Street Address (P.O. Box Number is Not Acceptable) **B2 BLDG B** JACKSONVILLE FL 32217 83 84 City Zio Code 85 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 reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change ■ Addition TITLE NAUGHTON, JAMES D., III NAME 1.2 NAME CRZE034 1045 OAK VALE RD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DAVIS, JOHN NAME 2.2 NAME 716 NATURES HAMMOCK STREET ADDRESS 2.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE NAUGHTON, DAVID NAME 3.2 NAME 2000 CHEROKEE DRIVE STREET ADDRESS 3.3 STREET ADDRESS NEPTUNE BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

3/28/48

40V) UX8-9220

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 of 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 or an attachment with an address.