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Mar 10, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 515336

1. Corporation Name

ILER, WALL & SHONTER, INSURANCE, INC.

Principal Place of Business  
800 49TH STREET N.  
ST PETERSBURG FL 33710  
US

Mailing Address  
PO BOX 14448  
ST. PETERSBURG FL 33733  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1976

4. FEI Number

59-1711216

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, JAMES KIPPS  
800 49TH STREET N.  
ST PETERSBURG FL 33710

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

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 PD ☐ DELETE

NAME ILER, RICHARD LEE

STREET ADDRESS 800 49TH STREET N.

CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE VD ☐ DELETE

NAME WALL, JAMES KIPPS

STREET ADDRESS 800 49TH STREET N.

CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE S ☐ DELETE

NAME SHONTER, CLAIRE

STREET ADDRESS 800 49TH STREET N.

CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE VP ☐ DELETE

NAME SHONTER, RICHARD J

STREET ADDRESS 800 49TH STREET N.

CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE VP ☐ DELETE

NAME ANTEKEIER, SUSAN B

STREET ADDRESS 800 49TH ST NORTH

CITY-ST-ZIP ST PETERSBURG FL

TITLE VP ☐ DELETE

NAME BUSCH, RICHARD J

STREET ADDRESS 800 49TH ST NORTH

CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* President

Date

Daytime Phone #

3/5/99 727-327-7070

CR2E034 (11/98)