

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90061 001 ***150.00

DOCUMENT # 515336

1. Entity Name
ILER, WALL & SHONTER, INSURANCE, INC.

Principal Place of Business		Mailing Address	
49TH STREET N. PETERSBURG FL 33710		PO BOX 14448 ST. PETERSBURG FL 33733-4448 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1711216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALL, JAMES KIPPS 800 49TH STREET N. ST PETERSBURG FL 33710		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

I, above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

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

<input type="checkbox"/> Corporation is eligible to satisfy its Intangible Filing requirement and elects to do so. (see criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD ILER, RICHARD LEE 800 49TH STREET N. ST PETERSBURG FL 33710	<input type="checkbox"/> Delete	VP John P. Coggeshall 800 49th Street No ST Petersburg FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD WALL, JAMES KIPPS 800 49TH STREET N. ST PETERSBURG FL 33710	<input type="checkbox"/> Delete	VP W. ALLEN KLUTTS 800 49th Street No ST. Petersburg FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S. SHONTER, CLAIRE 800 49TH STREET N. ST PETERSBURG FL 33710	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP SHONTER, RICHARD J 800 49TH STREET N. ST PETERSBURG FL 33710	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP ANTEKEIER, SUSAN B 800 49TH ST NORTH ST PETERSBURG FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP BUSCH, RICHARD J 800 49TH ST NORTH ST PETERSBURG FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 on this report or supplemental 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 11 or Block 12 if on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2 9 00 127327707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #