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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(4)

EUGENE W. BARNETTE INSURANCE AGENCY, P.A.

FILED Mar 02 1998 8:00am Secretary of State



						-{		
Principal Place of Business Mailing Address						DIBNI BIBNI BIBNI BIB NI	Albit Bibit 1864	
447 ATLANTIC BOULEVARD 447 ATLANTIC BOULEVARD								
ATLANTIC BI	EACH FL 32233	ATLANTIC BEACH FL 32233				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	THIS SPACE	 1
						01/01/1980		1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 1	Applied For
21		26				59-1958195		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1		Additional
22		27	27			5. Certificate of Status Desired L		Required
City & State	е	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Count			8. This corporation owes or has paid		
24	25 9. Name and Address of Current	[29] Registered Agent	[30]			Personal Property Tax due June 30 10. Name and Address of New Regis		□ No
Er	ORTUNE, SCOTT T	nagistarea Again		81	Name	TO. THEM OF BLUE AUGUSTS OF NOW FLOGIS	stored Agent	
	7 ATLANTIC BLVD							
	LANTIC BEACH FL 32233		İ	82	Street Addre	t Address (P.O. Box Number is Not Acceptable)		
7.1	Dattio Denotifie deedo		ŀ	83				
				84	City		85 Z	p Code
					-		FLII	·
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, typind or printed name of registered agreti and title it applicable (NOTE Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered ayord and title if applicable (NOTE Regist 12. OFFICERS AND DIRECTORS				Agen	t signature require	ADDITIONS/CHANGES TO OFFICER	DATE	DE IN 12
TITLE	PD	DELETE 1.1 T				ADDITIONS/OFFAINGES TO OFFICE	Chang	
NAME	DADAGE WILLIAM III		1.2 NA					
STREET ADDRESS	447 ATLANTIC BLVD.		1.3 57		ADDRESS			!!
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 CITY+ST-ZIP		i			i.
TITLE	ST	☐ DELETE					☐ Chang	Addition
NAME	Barnette, Jeanette A.		22 NA	ME	}			
STREET ADDRESS	447 ATLANTIC BLVD.		2.3 510	REET A	ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH FL		2. 4 Cf		r-ZIP		rise	
TITLE		☐ DELETE					Chang	Addition
NAME			3.2 NAME					1
STREET ADDRESS					ADDRESS			
CITY+S1+ZIP			3.4. CF		r-ziP		["] ^	1449:
TITLE			4.1 TITLE 4.2 NAME				Change	Addition
NAME ETECT ADDOCCO					PDDDLCC			
STREET ADDRESS City - St - Zip		4.3 S1 4.4 CI			ADDRESS			
TITLE	4.4 CI DELETE 5.1 TI			- £1P		Change	Addition	
NAME			5.2 NA				014111	, mondi
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT					.
TITLE		DELETE	6.1 TIT				☐ Change	Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 STF	REET A	ADDRESS			į
CITY-ST-ZIP			6.4 CIT		- 1			İ
**								

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 supplieriental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 charged) or on an attachment with an address.