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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State

FILED

Mar 03 1998 8:00am

1. Corporation Name # 680258 (1) FERRY PASS INSURANCE AGENCY, INC.													
1 LINN	I AGG III	SUNANUE AGE	1101, 11	10.									
Principal Plac	e of Busines	s		Mailing Address						E CRASEN ASSET BOTS ERLEN TOWNS MICH SAND SAND	ı Biğir Ə rbir biğ		
C/O RUSSELL G MESSICK C/O RUSSELL						LL G MESSICK							
2750 EAST OLIVE ROAD 2750 EAST O						IST OLIVE ROAD							
PENSACOLA	FL 32514-623	0		PENSACOLA FL 32514-6230						DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualified 08/01/1980			
2. Principal F	Place of Busin	ness	20	2a. Mailing Address						4. FEI Number	A	pplied For	
21 Cuita Ant	# <u>**</u>		26	· · · · · · · · · · · · · · · · · · ·						59-2021458		ot Applicable	
Suite, Apt.	. #, 91C.		27	Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional equired	
City & Stal	te			City & State						6. Election Campaign Financing	\$5.00	May Be	
23			28							Trust Fund Contribution		to Fees	
Zip		Country		Zip		_	Country			8. This corporation owes or has paid the current year Intangible			
24		25	29	29 30		30)			Personal Property Tax due June 30. V Yes No			
		and Address of Cui	rrent Regi	stered Age	ont		81	A I =		10. Name and Address of New Registered	Agent		
	SSICK, RU						*'	Name					
2750 E. OLIVE RD. PENSACOLA FL 32534							82	Street	t Address (P.O. Box Number is Not Acceptable)				
							83						
							84 City				85 Zip	Code	
11. Pursuant	to the provisi	Sections 607.	0502 and I	607.1508. F	lorida Štatut	es. the	above	-named	corpor	ration submits this statement for the purpose of	f changing i	ts registered	
office or r	egistered ag	ept, or both the si	ate of Flor	ida. Such c	hange was	authoriz	ed by	the corp	poration	ration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as	registered	
SIGNATURE	76		JII Garage	JI, 38(J)611	987.0303, FR	JIIUA SI	alules	•		2/26			
	Synature, typod	or printed name of registered			(NOT			nt eignature	periuper	when reinstaling) DATE	1		
TITLE	PD	OFFICERS'	AND DIHE		DELETE	13				ADDITIONS/CHANGES TO OFFICERS AN			
NAME	. •		☐ DELETE			1.1 TITLE				Change	☐ Addition		
STREET ADDRESS	AREA E OLDE DO						1.2 NAME						
CITY-ST-ZIP	PENSAC					1.3 STREET ADDRESS 1.4 CITY-ST-ZIP] [
TITLE	PD			Г	DELETE	_	CITLE	- III			Change	Addition	
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TITLE					DELETÉ		TITLE				Change	☐ Addition	
NAME			3.2			3.2 NAME							
STREET ADDRESS						3.3 5	STREET #	ADDRESS					
CITY-ST-ZIP						3.4.	3.4. CITY - ST - ZIP						
TITLE				[DELETE	4.11	FITLE				☐ Change	Addition	
NAME						4. 2	NAME						
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TITLE							5.1 TITLE				Change	Addition	
NAME						1	VAME					ľ	
STREET ADDRESS							5.3 STREET ADDRESS						
CITY-ST-ZIP				-	nei ere		HTY-ST	- ZIP			T los		
TITLE					J DELETE	6.1 T					L Change	Addition	
NAME						6.2 N							
STREET ADDRESS								DDAESS					
CITY-ST-ZIP	ortify that the	information eupplied	thic I	filing dogg	not qualify fo		TY-ST		d in Co	ention 110 07/9Vi) Florido Ctotutos I further as	-04 - 05 - 1 - 10		

mot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indexed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supple officer or director of the corporation or b Block 12 or Block 13 if changed, part a