2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90029 042 ***150.00

DOCUMENT # F00000006998

1. Entity Name
INTERLEX INSURANCE COMPANY

40010483

01092008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1343 EAST KINGSLEY SUITE G SPRINGFIELD, MO 65804	225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
909 E. Republic Road	
Suite, Apt. #, etc.: G-100	Suite, Apt. #, etc.
City & State: Springfield, MO	City & State
Zip: 65809 Country: USA	Zip Country

4. FEI Number: 43-1327896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WORTELBOER, ROB 1000 RIVERSIDE AVE., STE 800 JACKSONVILLE, FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITE, ROBERT E JR 200 E. KARI COURT JACKSONVILLE, FL 32259	☐ Delete	PD White, Robert E Jr. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SICILIAN, LOUIS V 1000 RIVERSIDE AVE., 8TH FLR JACKSONVILLE, FL 32204	☐ Delete	D Pippin, Samuel J. 909 E. Republic Rd., G-100 Springfield, MO 65807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DIVITA, CHARLES III 225 WATER ST., SUITE 1400 JACKSONVILLE, FL 32202	☐ Delete	D Rominger, Elizabeth 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PARKS, PEGGY A 5024 RIPPLE RUSH DR. N. JACKSONVILLE, FL 32257	☐ Delete	AS Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SPATARO, PETER F 9035 FERNALD ST LOUIS, MO	☐ Delete	D Stark, Cynthia K. 909 E. Republic Rd., G-100 Springfield, MO 65807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WULFF, ROBERT A SR 18131 BENT RIDGE WILDWOOD, MO 63038	☐ Delete	DS Wortelboer, Robert L. Jr. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy A. Parks Peggy A. Parks 1/23/08 904-630-6305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #