

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


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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90112 016 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F19879</b>					
1. Corporation Name <b>BILL BORDEN INSURANCE AGENCY, INC.</b>					
Principal Place of Business % <b>WILLIAM W BORDEN</b> <b>1469 COLONIAL BLVD. STE 2</b> <b>FORT MYERS FL 33907</b>			Mailing Address <b>1377 SHEFIELD WAY</b> <b>FORT MYERS FL 33919</b> <b>US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/16/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2066629	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>BORDEN, WILLIAM W</b> <b>1469 COLONIAL BLVD, SUITE 2</b> <b>FORT MYERS FL 33907</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	DELETED			
NAME	BORDEN, WILLIAM W				
STREET ADDRESS	1469 COLONIAL BLVD				
CITY-ST-ZIP	FT MYERS FL				
TITLE		DELETED			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETED			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETED			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETED			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		Change Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		Change Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		Change Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		Change Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		Change Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		Change Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-2-99

Date Daytime Phone #

CR2E034 (11/98)