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

Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F35121 (5)GATOR AUTO INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 1606 N MAIN ST 1606 N MAIN ST JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2146923 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAPET, WILLIAM E 1606 N MAIN ST 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32208 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature typed or proted name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 DILE Change TITLE PAPET, WILLIAM E 1.2 NAME NAME 1606 N.MAIN ST. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE PAPET, WILLIAM E 2.2 NAME NAME 1606 N.MAIN ST. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 21P CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 go the received empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes with an address.

SIGNATURE:

WILLIAM & PARET PASIDURE 3/18/91

**FILED**