

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

FILED
Apr 22 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F74232 (2)
 1. Corporation Name
NOTARY PUBLIC UNDERWRITERS, INC.



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| Principal Place of Business 1839 S MONROE ST TALLAHASSEE FL 32301 US | Mailing Address 1320 HENDRIX ROAD P.O. BOX 5378 TALLAHASSEE FL 32314 |
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DO NOT WRITE IN THIS SPACE

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|---|--|---|--|---|--|
| 2. Principal Place of Business 21 5524 Apalachee Pky Suite, Apt. #, etc. 22 City & State 23 Tallahassee, FL Zip Country 24 32311 25 Leon | | 2a. Mailing Address 26 P.O. Box 5378 Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip Country 29 32314 30 Leon | | 3. Date Incorporated or Qualified 03/30/1982 | 4. FEI Number 59-2174261 Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent DIESTELHORST, JACK 1839 S MONROE ST TALLAHASSEE FL 32301 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5524 Apalachee Pky 83 84 City Tallahassee FL 85 Zip Code 32311 | | | |
|--|--|--|--|--|--|--|--|

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) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIESTELHORST, JACK | 1.2 NAME | |
| STREET ADDRESS | 2701 EVERETT LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIESTELHORST, DEBRA A | 2.2 NAME | Solomon, Debra |
| STREET ADDRESS | 1113 SAVANNAH TRACE | 2.3 STREET ADDRESS | 2070 Solomon Ct |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | 2.4 CITY-ST-ZIP | Tallahassee, FL 32308 |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRASWELL, FLECIA | 3.2 NAME | |
| STREET ADDRESS | 810 MIDDLEBROOK CIR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: _____ DATE: **4/17/98**

CR2E034 (10/97)