


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90031 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F74232**  
 1. Corporation Name  
**NOTARY PUBLIC UNDERWRITERS, INC.**



Principal Place of Business 5524 APALACHEE PKY TALLAHASSEE FL 32311 US	Mailing Address P. O. BOX 5378 P.O. BOX 5378 TALLAHASSEE FL 32314 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>SAME</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>03/30/1982</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2174261</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DIESTELHORST, JACK**  
**5524 APALACHEE PKWY**  
**TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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: *Jack Diestelhorst, President* DATE: \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>C</b>	
NAME	<b>DIESTELHORST, JACK</b>	
STREET ADDRESS	<b>2701 EVERETT LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>STD</b>	
NAME	<b>SOLOMON, DEBRA</b>	
STREET ADDRESS	<b>2070 SOLOMON CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>P</b>	
NAME	<b>BRASWELL, FLECIA</b>	
STREET ADDRESS	<b>810 MIDDLEBROOK CIR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>C, STD</b>		
1.2 NAME	<b>Diestelhorst, Jack</b>		
1.3 STREET ADDRESS	<b>2701 Everett Lane</b>		
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>		
2.1 TITLE	<b>Vice Pres</b>		
2.2 NAME	<b>Solomon, Debra</b>		
2.3 STREET ADDRESS	<b>2070 Solomon Court</b>		
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Jack Diestelhorst, Pres.* DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)