

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F91260

(2)

1. Corporation Name

GROUP INSURANCE, INC.

Principal Place of Business

6804 N. ARMENIA AVE
TAMPA FL 33604

Mailing Address

6804 N. ARMENIA AVE
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1982

4. FEI Number

59-2212429

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

ADCOCK, JOHN L
107 E. FOWLER AVENUE, SUITE 102
TAMPA FL 33612

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDT ☐ DELETE

NAME ADCOCK, JOHN L
STREET ADDRESS 16104 SONSOLE DE AVILA
CITY-ST-ZIP TAMPA FL

TITLE DS ☐ DELETE

NAME ADCOCK, DOROTHY N
STREET ADDRESS 16104 SONSOLE DE AVILA
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***150.00

PE
7.28

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.

SIGNATURE

GROUP INSURANCE, INC.

A subsidiary of John L. Adcock Insurance Agency, Inc.
6804 N. Armenia Avenue, Suite 1
Tampa, Florida 33604
(813) 932-1620 • WATS (800) 282-7263
FAX (813) 931-4754

082

July 8, 1998

Department of State
Division of Corporations
Annual reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


TO WHOM IT MAY CONCERN:

I received the Annual Reports Findings Form on July 8, 1998 stating it was the second notice. I never received the first notice to our address. The bookkeeper comes into our office on Wednesdays and this is the first one she has seen. As soon as she received this form it was processed immediately.

Since we never received the first notice and having never been late on this form in the past it would be greatly appreciated if the \$400.00 late fee attached to this form would be waived.

Enclosed is a check for \$150.00 for the original filing fee.

Thank you,


John L. Adcock
Owner