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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F93000005291

1. Corporation Name

NATIONAL UNDERWRITERS OF DELAWARE, INC.

Principal Place of Business	Mailing Address
7901 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33702	7901 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: 11/19/93
3a. Date of Last Report: 05/01/96

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 35-1903725 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C,D ☐ DELETE	1.1 TITLE	700002239947 ☐ Addition
NAME	WALL, KARL J	1.2 NAME	-07/16/97--01101--016
STREET ADDRESS	700 1ST AVENUE SOUTH	1.3 STREET ADDRESS	****558.75 ****558.75
CITY-ST-ZIP	TIERRA VERDE FL 33715	1.4 CITY-ST-ZIP	
TITLE	P,T,D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MCNALLY, JOSEPH W	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	754 PINELLAS BAYWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE	V,D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	READ, WAYNE A	3.2 NAME	
STREET ADDRESS	3732 BRAMBLEWOOD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL 34639	3.4 CITY-ST-ZIP	
TITLE	V,D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REINKING, LINDA L	4.2 NAME	
STREET ADDRESS	2218 BIRCHBARK TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	4.4 CITY-ST-ZIP	
TITLE	V,S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BALKAN, THOMAS J	5.2 NAME	
STREET ADDRESS	172 DEVON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL 34630	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Thomas J. Balkan 7/15/97 (813)577-3771(x28)

TYPE OR PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR