

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002468 (6)

1. Corporation Name

ARROWHEAD GENERAL INSURANCE AGENCY, INC.

Principal Place of Business

5375 MIRA SORRENTO PL
STE 550
SAN DIEGO CA 92121
US

Mailing Address

P.O. BOX 210349
5375 MIRA SORRENTO PLACE #550
SAN DIEGO CA 92121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1994

4. FEI Number

33-0108914

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

2. Principal Place of Business

21 6055 Lusk Blvd

Suite, Apt. #, etc.

22 2nd Floor

City & State

23 San Diego, CA

Zip

24 92121

Country

25 USA

2a. Mailing Address

26 PO Box 85303

Suite, Apt. #, etc.

27

City & State

28 San Diego, CA

Zip

29 92186-5303

Country

30 USA

9. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.
526 E. PARK AVE., STE. 200
TALLAHASSEE FL 32301

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

KILKENNY, PATRICK J

5375 MIRA SORRENTO PLACE #550

SAN DIEGO CA 92121

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DST

GEHRING, MARIANNE

5375 MIRA SORRENTO PLACE #550

SAN DIEGO CA 92121

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V

SIMA, MYRON

5375 MIRA SORRENTO PLACE #550

SAN DIEGO CA 92121

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P

HOYE, RICHARD J

6255 LUSK BLVD

SAN DIEGO CA 92121

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

SCIARRETTE, MARK

6405 MIRA MESA BLVD

SAN DIEGO CA 92121

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D

Kilkenny, Patrick J

6055 Lusk Blvd.

San Diego, CA 92121

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

DST

Harmon, Marianne

6055 Lusk Blvd.

San Diego, CA 92121

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

V

Sima, Myron

1800 Park Ave. #117

Orange Park, FL 32073

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

P

Hoye, J. Richard

6055 Lusk Blvd

San Diego, CA 92121

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D

Sciaretta, Mark

6055 Lusk Blvd

San Diego, CA 92121

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Marianne Harmon

1/19/98

(619) 677-6000

CF2E034 (10/97)