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

PROFIT **CORPORATION** ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

Archard Kern

2110 Valley Ave

Winchester VA 22601



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

F96000006279 (1) DOCUMENT # 1. Corporation Name

COMMONWEALTH DEALERS LIFE INSURANCE COMPANY

	-				
<u> </u>		Mailing Address			
		8001 WEST BROAD ST RICHMOND VA 23294			
US	A 60604	US		DO NOT WRITE IN THIS SPA	ACF
		••		3. Date Incorporated or Qualified	
				12/03/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		54-1438901	Not Applicable
J Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		9. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	, <u></u>
24	9. Name and Address of Current		80	Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name					
1200 SOUTH PINE ISLAND ROAD					
PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)		
FLANIATION FL 33324			83		
			**		
[7			84 City	FL ^l	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above gamed corporation pulper					anning its registered
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 register 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 registere					
agent. I am lamiliar 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	D President	DELETE	1.1 TITLE	7)	Change Addition
NAME	Barkhouser, Richard		1.2 NAME	Joseph H. Nelson	
STREET ADDRESS	3604 RIVERSIDE DR		1.3 STREET ADDRESS	Ro Box 4323-600 old English	1 KOAA
CITY-ST-ZIP	DANVILLE VA		1.4 CITY - ST - ZIP	Rocky Mount NC 27803	
TITLE	D	DELETE	21 TITLE	n	Change Addition
NAME	Suddith, robert		2.2 NAME	Don Lacefield	
STREET ADDRESS	20920 GOSHEN RD		E.C OTTICET FROOTIESO	259 5 Chwahton St. E	
CITY-ST-ZIP	GAITHERSBURG MD 20879		2.4 CITY-ST-ZIP	Hillsborough NC 272 78	
TITLE	D	☐ DELETE	3.1 TITLE	D \square	Change Addition
NAME	DERRICK, HOMER E		3.2 NAME	Hubert Parks	ĺ
STREET ADDRESS	512 E NELSON ST		S.O DIRECT PUDDICOS	6441 N TRyon St	į
CITY-ST-ZIP	LEXINGTON VA 24450		3.4. City-St-ZiP	Charlotte NC 28256	i
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	STROSNIDER, ERVIN		4. 2 NAME		
STREET ADDRESS	5200 OAKLAWN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL VA 23860		4.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		Change Addition
NAME	BIBY, E KAYE		5.2 NAME		
STREET ADDRESS	8001 W BROAD ST		5.3 STREET ADDRESS	•	1
CITY-SY-ZIP	RICHMOND VA		5.4 CITY-ST-ZIP		

DELETENADO

6.1 TITLE

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.