

TER MAY 1ST IS \$550.00

FILED

Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90061 033 ***150.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G47401

1. Corporation Name

BOWDITCH INSURANCE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business

101 CENTURY 21 DRIVE
200
JACKSONVILLE FL 32216
US

Mailing Address

PO BOX 16409
JACKSONVILLE FL 32245
US

3. Date Incorporated or Qualified

07/06/1983

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2305660

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

BOWDITCH, RAYNOR E
101 CENTURY 21 DRIVE
SUITE 200
JACKSONVILLE FL 32216

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 PD DELETE

NAME BOWDITCH, RAYNOR E
STREET ADDRESS 7949 QUAILWOOD DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE VS DELETE

NAME SIMPSON, JUANITA W.
STREET ADDRESS 3879 MISSION HILLS DR. E.
CITY-ST-ZIP JACKSONVILLE FL

TITLE V DELETE

NAME PEDOULAS, JAMES
STREET ADDRESS 2945 FOREST OAKS DRIVE
CITY-ST-ZIP ORANGE PARK FL

TITLE V DELETE

NAME BLACK, JAMES A
STREET ADDRESS 6758 MADRID AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VP DELETE

NAME PRICE, JAMES S.
STREET ADDRESS 323 SCENIC POINT LANE
CITY-ST-ZIP ORANGE PARK FL

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 904-855-0744

CR2E034 (11/98)