

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

Apr 15 1998 8:00am  
Secretary of State

**DOCUMENT # G64815 (5)**  
1. Corporation Name  
**CROWN INSURORS, INC.**



Principal Place of Business	Mailing Address
3825 HENDERSON BLVD STE 305 STE 305 TAMPA FL 33679 US	P O BOX 18404 TAMPA FL 33679 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1983

4. FEI Number	Applied For
50-2333824	Not Applicable

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
---------------------------------------	----------------------------

21	SAME	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

22	Suite 100	27	
City & State		City & State	

23	Zip	Country	28	Zip
----	-----	---------	----	-----

24 25 26

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added To Fees
--	--------------------------	------------------------------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

**g. Name and Address of Current Registered Agent**

10. Name and Address of New Registered Agent

REIBER, SAM ATT.  
601 E. TWIGGS, SUITE 200  
TAMPA FL 33602

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	JACOBSON, MELVIN	
STREET ADDRESS	3825 HENDERSON BLVD, #100	
CITY-ST-ZIP	TAMPA, FL 00000	

TITLE	PS	<input type="checkbox"/> DELETE
NAME	JACOBSON, CINDY	
STREET ADDRESS	3825 HENDERSON BLVD, #100	
CITY-ST-ZIP	TAMPA FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		Change	Addition

1.2 NAME \_\_\_\_\_

1.3 STREET ADDRESS \_\_\_\_\_

1.4 CITY - ST - ZIP \_\_\_\_\_

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST. - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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)(l), 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.

CP2E034 (10/97)