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Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # G78954 (6)

1. Corporation Name
PRINCIPAL INSURANCE ADJUSTERS I, INC.

Principal Place of Business	Mailing Address
996-97TH ST OCEAN MARATHON FL 33050 US	P.O. BOX 501146 MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1984

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2414243	☐ Applied For ☐ Not Applicable
21 29018 Palm Ave.	26 P.O. Box 501146		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Big Pine Key, FL	City & State 28 Marathon FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33043 / Country 25 Monroe	Zip 29 33050 / Country 30 Monroe	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SACHS, MARTIN 800 CAMINO REAL MARATHON FL 33050	81 Name: Fisher, James B., Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 29018 Palm Ave. 83 84 City: Big Pine Key FL 85 Zip Code: 33043

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: James B. Fisher Jr. President — DATE: 4/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE: P	☐ Change ☐ Addition
NAME	SACHS, MARTIN		1.2 NAME: Fisher, James B., Jr.	
STREET ADDRESS	996-97TH ST OCEAN		1.3 STREET ADDRESS: 29018 Palm Ave.	
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-ZIP: Big Pine Key, FL 33043	
TITLE		☐ DELETE	2.1 TITLE: VT	☒ Change ☐ Addition
NAME			2.2 NAME: Fisher, Anne R.	
STREET ADDRESS			2.3 STREET ADDRESS: 29018 Palm Ave.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP: Big Pine Key, FL 33043	
TITLE		☐ DELETE	3.1 TITLE: S	☒ Change ☐ Addition
NAME			3.2 NAME: Fisher, James B.	
STREET ADDRESS			3.3 STREET ADDRESS: 29018 Palm Ave.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP: Big Pine Key, FL 33043	
TITLE		☐ DELETE	4.1 TITLE:	☐ Change ☐ Addition
NAME			4.2 NAME:	
STREET ADDRESS			4.3 STREET ADDRESS:	
CITY-ST-ZIP			4.4 CITY-ST-ZIP:	
TITLE		☐ DELETE	5.1 TITLE:	☐ Change ☐ Addition
NAME			5.2 NAME:	
STREET ADDRESS			5.3 STREET ADDRESS:	
CITY-ST-ZIP			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 (10/97)

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: James B. Fisher Jr. President — DATE: 4/21/98