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

PROFIT May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H06306 (5)TAGS AUTO INSURANCE, INC. Principal Place of Business Mailing Address 5120 MANATEE AVENUE WEST P.O. BOX 15212 **BRADENTON FL 34209 BRADENTON FL 34280** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/04/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5727 Cortez Rd 59-2428314 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Suite B Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Bradenton, Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 34210 Manatee □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBIN, CLAYTON **5120 MANATEE AVENUE** Street Address (P.O. Box Number is Not Acceptable) 5727 Cortez Road 82 **BRADENTON FL 34209** Suite B 84 34210 Bradenton 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE **ROBIN, CLAYTON** 12 NAME NAME 5727 Cortez Rd, Suite B 5120 MANATEE AVENEU WEST 1.3 STREET ADDRESS STREET ADDRESS Bradenton, FL 34210 **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE MANUEL, ANITAL 2.2 NAME NAME 1219 WYNNEWOOD DR. 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-\$1-2IP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP City. St. 7IP 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 suppliemental 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 of 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, of or an attachment with an address. 4/21/98 **SIGNATURE:**

FILED