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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H70011

A FLORIDA INSURANCE AGENCY OF NORTH FLORIDA, INC

| , | | | | | |
|---|--|------------------------------------|-----------------------------------|--|-----------------------------------|
| Principal Place of B | usiness | Mailing Address | | | // |
| % SYLVIA ELAINE ELLIOTT P.O. BOX 991 430 BRYN ATHYN NICEVILLE FL 32588 MARY ESTHER FL 32569 | | | | DO NOT WRITE IN THIS | S SPACE |
| | 75.1 | | | 3. Date Incorporated or Qualified 08/07/1985 | |
| 2. Principal Place of Business 2s. Mailing Address | | | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2612312 | Not Applicable |
| Suite, Apt. #, etc 22 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the c | |
| 24 | 25 | 29 | 30 | | Yes No |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| ELLIOTT, SYLVIA ELAINE | | | | | |
| 430 BRYN ATHYN | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| MARY ESTHER FL 32589 | | | OI OIFERT AC | scress (F.O. DOX NUMBER IS NOT ACCEPTAGE) | |
| | | | 83 | 7 | |
| , | | | 84 City | | |
| | | | 84 City | Fi | 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 Signatur | e, typed or printed name of registered age | ont and title if applicable. [NOTI | E: Registered Agent signature rec | quired when reinstating) DATE | |
| 12. | OFFICERS ANI | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| TITLE PD | | DELETE | 1.1 TITLE | | Change Addition |
| | LIOTT, ROGER HUGHES | | 1.2 NAME | | |
| | ST ROSE COVE | | 1.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP NC | CEVILLE FL | | 1.4 City-St-ZIP | | Ì |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change Addition |
| | LIOTT, SYLVIA ELAINE | | 2.2 NAME | | |
| | ST ROSE COVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP NIC | EVILLE FL | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | 3.4. CITY - ST - 7IP | | |
| 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 | | ☐ DELET e | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREFT ADDRESS | | |
| D.T. / DT T.D. | | | | | |

14. Thereby 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 applemental 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 it changes or og an attachment with an address.

FILED

Apr 10 1998 8:00am

Secretary of State