

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 26 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 # J01686 (1)  
 1. Corporation Name  
 SUN GENERAL INSURANCE CORPORATION



Principal Place of Business: 115 DALE MABRY HWY SOUTH TAMPA FL 33609-9838  
 Mailing Address: 115 DALE MABRY HWY SOUTH TAMPA FL 33609-9838

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
 03/03/1986

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  
 59-1667388 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  
 7. 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  
 O'NEIL, MICHAEL L.  
 115 SOUTH DALE MABRY HIGHWAY  
 TAMPA FL 33609

10. Name and Address of New Registered Agent  
 81 Name [ ]  
 82 Street Address (P.O. Box Number Is Not Acceptable) [ ]  
 83 [ ]  
 84 City [ ] 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: *M. L. O'Neil* 8/11/98  
 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	D	<input type="checkbox"/> DELETE
NAME	O'NEIL, MICHAEL L.	
STREET ADDRESS	115 SOUTH DALE MABRY HIGHWAY	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 \*\*\*1650.00  
 8/11/98

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: *M. L. O'Neil* REQUIRED 8/11/98 (813) 872-7775

CR2E034 (5/98)