

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J37089  
1. Corporation Name  
PANTON INSURANCE AGENCY, INC.

(6)

Principal Place of Business

P O BOX 16838  
W PALM BEACH FL 33416-6838  
US

Mailing Address

P O BOX 16838  
W PALM BEACH FL 33416-6838  
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

22

City & State

28

City & State

23

Zip

29

Zip

24

Country

30

Country

25

9. Name and Address of Current Registered Agent

PANTON, THOMAS W.  
3422 TACONIC DRIVE  
WEST PALM BEACH FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO PANTON, THOMAS W. 3422 TACONIC DRIVE WEST PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

THOMAS W. PANTON

4/28/98 561-641-4835

CR2E034 (1097)