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

PROFIT CORPORATION ANNUAL REPORT
1998 AMENDED

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

FILED
98 AUG 12 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # J94857

1. Corporation Name
STATE Auto TAG AND INSURANCE Agency of West PALM BeACH, INC.

Principal Place of Business
713 N. MiLitAry TRAIL
West PALM Beach, FL 33415

Mailing Address
713 N. MiLitARy TRL
West PALm Bch, FL. 33415

3. Date Incorporated or Qualified: 9-25-87

4. FEI Number: 65-0010893 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MARK ELLIS
713 No. MiLitary TRAIL
West Palm Bch, FL 33415 →

10. Name and Address of New Registered Agent

81 Name: Kelly ConLey
82 Street Address (P.O. Box Number is Not Acceptable): 10101 West SampLe Rd.
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: Kelly Conley - Kelly ConLey P.V.S.T.D. 8-6-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.V.S.T.D.	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	ConLey, Kelly		1 2 NAME		
STREET ADDRESS	10100 N.W. 71 PLACE		1 3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		1 4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2 1 TITLE	PVSTD	☒ Change ☐ Addition
NAME	MARK ELLIS	Delete	2 2 NAME	Kelly ConLey	
STREET ADDRESS	2896 Tennis Club Dr #402		2 3 STREET ADDRESS	10100 N.W. 71 PLACE	
CITY-ST-ZIP	West Palm Bch, FL 33417		2 4 CITY-ST-ZIP	TAMARAC, FL	
TITLE	D.	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	KAthRyn Gorton		3 2 NAME		
STREET ADDRESS	7840 Hood St.		3 3 STREET ADDRESS		
CITY-ST-ZIP	Hollywood, FL 33024		3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE	D	☐ Change ☒ Addition
NAME			4 2 NAME	Scott Gorton	
STREET ADDRESS			4 3 STREET ADDRESS	10980 S.W. 27 STREET	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	DAVIE, FL 33328	
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)

8/12

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: Kelly Conley Kelly ConLey P.V.S.T.D. 8-6-98 954-753-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #