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

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Block 12 or Block 13 if changed,

CITY-ST-ZIP

**FILED** May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K09307 (5) PAUL WEST INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 3333 NORTH MAIN STREET 3333 NORTH MAIN STREET GAINESVILLE FL 32009-2307 GAINESVILLE FL 32009-2307 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1987 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2873340 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEMONTMOLLIN, STEVE 8930 NW 39TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32606 B3** 84 City 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 rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE WEST. PAUL 1.2 NAME CR2E034 NAME 3333 NORTH MAIN STREET STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 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 DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4-22-98 3523765371

64 CITY-ST-ZIP 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 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 or the receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in