1. Corporation Name

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90015 001 ***150.00

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A & C II	NSURANCE, INC.								
5:						-		a n aidh bhl	(818)) 818)) (86)
310 N BABCOO MELBOURNE F US		Mailing Address 310 N BABCOCK ST MELBOURNE FL 32935 US				DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualifed		····	
						05/09/1988			
	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-2892137			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
City & Stat	te -	- City & State		_		6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	□ ∴	Added	to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current	it year Inta		W.
24	25	 	30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Curr	ent Registered Agent		31 1	Name	10. Name and Address of New Re	gistered A	Agent	Z 1 -
GLIS	sson, Kristy.		[``		<u> </u>			
	N. BABCOCK STREET		8	32	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	BOURNE FL 32935		_	33					
			`	"					
			8	34 (City		FL	85 Zip	Code
office or n	to the provisions of Sections 607.0 registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was au	thorized b	by the	named corpo e corporation	ration submits this statement for the pun's board of directors. I hereby accept to	rpose of o	changing it itment as r	s registered egistered
				es.		-			
SICMATURE		ganono or, occinor cor locopy rich	iua Statuti	es.		_	-60-		
SIGNATURE	Signature, typed or printed name of registered a		_		gnature required	when reinstating)	DATE		
SIGNATURE	OFFICERS /	ngent and title If applicable. (NOTE: AND DIRECTORS	_		gnature required	when reinstalling) ADDITIONS/CHANGES TO OFFICE			
	OFFICERS /	gent and title If applicable. (NOTE:	Registered A	gent si	gnature required			D DIRECT	
12.	OFFICERS A PD GLISSON, KRISTY	ngent and title If applicable. (NOTE: AND DIRECTORS	Registered A	gent sig	gnature required				
12.	OFFICERS / PD GLISSON, KRISTY 449 PENGUIN DR.	ngent and title If applicable. (NOTE: AND DIRECTORS	Registered Age 13.	gent sig					
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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, with all other like empowered.

6,4 CITY-ST-ZIP

SIGNATURE: (