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FILED
May 19 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 # L91918

1. Corporation Name

MR AUTO INSURANCE OF PUTNAM COUNTY, INC.

Principal Place of Business
620 HWY 19 NORTH
PALATKA FL 32177
USA

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/24/90

2. Principal Place of Business
21: 145 TOWN & COUNTRY BLVD
22: Suite, Apt. # etc
23: PALATKA FL
24: Zip 32177 — 25: Country US

2a. Mailing Address
26: 145 TOWN & COUNTRY BLVD
27: Suite, Apt. #, etc.
28: PALATKA FL
29: Zip 32177 — 30: Country US

4. FEI Number: 59-3037039 ☐ 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

9. Name and Address of Current Registered Agent

ELLWOOD, GARY
620 HWY 19 NORTH
PALATKA, FL 32177

10. Name and Address of New Registered Agent

81 Name: DIANA ELLWOOD
82 Street Address (P.O. Box Number is Not Acceptable): 145 TOWN & COUNTRY BLVD
83
84 City: PALATKA FL 85 Zip Code: 32177

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: Diana Ellwood — 4/27/98
Signature, typed or printed name of individual with authority to sign, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	ELLWOOD, GARY		12 NAME	DIANA ELLWOOD	
STREET ADDRESS	620 HWY 19 NORTH		13 STREET ADDRESS	145 TOWN & COUNTRY BLVD	
CITY-ST-ZIP	PALATKA FL		14 CITY-ST-ZIP	PALATKA FL 32177	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	600002529016	
STREET ADDRESS			53 STREET ADDRESS	-05/19/98--01046---046	
CITY-ST-ZIP			54 CITY-ST-ZIP	***150.00	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

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: Diana Ellwood — DIANA ELLWOOD — 4/27/98 — 5615951722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #