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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M92209

(9)

SUNCOAST PREMIUM FINANCE, INC.

FILED Jan 20 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 696 1ST AVE., N. 696 1ST AVE., N. SUITE 201 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 08/01/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2906321 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes ☐ No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILKINSON, G. BARRY 696 1ST AVENUE NORTH, STE. 201 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 83 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE WILKINSON, GREGORY T 1.2 NAME NAME 1477 EAST APPLE AVE STREET ADDRESS 1.3 STREET ADDRESS MUSKEGON MI CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2,2 NAME 9925 ULMERTON ROAD, LOT 32 2.3 STREET ADDRESS STREET ADDRESS LARGO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this tiling 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 fue 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 of 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 for on in attachment with an apprecia

SIGNATURE:

7/98