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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000007513 (3) **DOCUMENT #**

ASSOCIATION INSURANCE AGENCY, INC.

11 .

Principal Place of Business

Mailing Address

## **FILED** May 27 1998 8:00am Secretary of State



455 INDIAN ROCKS RD. 455 INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640 BELLEAIR BLUFFS FL 34640 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1993 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 59-3216846 26 Not Applicable Suite. Ant # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 No. Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 arsenault. Kenneth G Jr. 10225 ULMERTON RD. 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 2 LARGO FL 34641 83 84 City Zip Code 85 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 regestived agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition **BUCKLES. WILLIAM G JR.** NAME 12 NAME 455 N. INDIAN ROCKS RD. STREET ADDRESS 1.3 STREET ADDRESS **BELLEAIR BLUFFS FL 34640** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 71716 Change Addition NAME MOORE, EUGENE 2.2 NAME 455 N. INDIAN ROCKS RD. STREET ADDRESS 2 3 STREET ADDRESS **BELLEAIR BLUFFS FL 34640** CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE Change Addition GARRETT, MICHAEL NAME 3.2 NAME 455 N. INDIAN ROCKS RD. STREET ADDRESS 3 3 STREET ADDRESS **BELLEAIR BLUFFS FL 34640** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME DUFFY, SHEILA M 4. 2 NAME 455 N. INDIAN ROCKS RD. STREET ADDRESS 4.3 STREET ADDRESS **BELLEAIR BLUFFS FL 34640** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-7IP 5.4 CITY - S1 - ZIP DELETE TITLE Change 61 TITLE \_\_\_ Addition 2000025381*4*7 -05/28/98--01014--010 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this liling 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 eath; 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 13 if changed, or on an attachment with an address.