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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010408 (1)

1. Corporation Name

ALL STAR INSURANCE II, INC.

ALL STAR Insurance, South East Hillsborough, Inc

Principal Place of Business

7425 U.S. HWY 301 S.
RIVERVIEW FL 33569
US

Mailing Address

P.O. BOX 1547-
RIVERVIEW FL 33569-1547
US

P.O. Box 550
Gibsonton, FL 33534

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O. Box 550

Suite, Apt. #, etc.

27 City & State

28 Gibsonton, FL 33534

29 Zip

30 Country

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

05/21/1996

4. FEI Number

59-3165485

Applied For

Not Applicable

6. 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEEL, CONSTANCE C
800 DAPHNE DR.
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name

Barry J. Beard

82 Street Address (P.O. Box Number is Not Acceptable)

3709 Sand Pebble Drive

83

84 City

Valrico

FL

85 Zip Code

33594

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 reinstating)

DATE

Barry J. Beard

04/25/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME STEEL, CONSTANCE C
STREET ADDRESS 800 DAPHNE DR.
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☒ Addition

1.2 NAME Barry J. Beard
1.3 STREET ADDRESS 3709 Sand Pebble Drive
1.4 CITY-ST-ZIP Valrico, FL 33594

2.1 TITLE VSD ☒ Change ☒ Addition

2.2 NAME Craig L. Duncan
2.3 STREET ADDRESS 1228 50th St. E.
2.4 CITY-ST-ZIP Bradenton, FL 34208

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002164965

-05/05/97--01008--028

***8.75

600002164965

-05/05/97--01008--028

***165.00

14. I do 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

CR2E034 (9/96)