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Feb 06 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 # **P93000016861 (5)**

1. Corporation Name
BRENDA NELMS INSURANCE AGENCY INC

Principal Place of Business	Mailing Address
980 PASADENA AVE SO A ST. PETERSBURG FL 33707 US	980 PASADENA AVE SO A ST. PETERSBURG FL 33707 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 980 Pasadena Ave So # A Suite, Apt. #, etc. 22 A City & State 23 ST Petersburg FLA Zip 24 33707 Country 25 US	2a. Mailing Address 26 980 Pasadena Ave So Suite, Apt. #, etc. 27 A City & State 28 ST Petersburg FLA Zip 29 33707 Country 30 US

3. Date Incorporated or Qualified: 03/02/1993

4. FEI Number: 59-3185655 ☐ 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	10. Name and Address of New Registered Agent
NELMS, BRENDA G 11192 HARBORSIDE DR. LARGO FL 34643	81 Name: Whitman Brenda S. 82 Street Address (P.O. Box Number is Not Acceptable): 6329 Pasadena Point Blvd 83 84 City: Gulfport FL 85 Zip Code: 33707

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NELMS, BRENDA G S Whitman		1.2 NAME		
STREET ADDRESS	~~11192 HARBORSIDE DR.~~ 6329 Pasadena Pt Blvd		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~LARGO FL 34643~~ Gulfport FLA 33707		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME			5.2 NAME		AW
STREET ADDRESS			5.3 STREET ADDRESS		0-6
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	400002421351	☐ Change ☐ Addition
NAME			6.2 NAME	-02/09/98--01005--010	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 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: Brenda S. Whitman Brenda S. Whitman 01-21-98 813-345-1661