

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

FILED  
Jan 29 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 # P93000036492 (5)

1. Corporation Name

PHIL NASE INSURANCE AGENCY, INC.

Principal Place of Business

11009 SPRING HILL DR  
SUITE A  
SPRING HILL FL 34608  
US

Mailing Address

C/O KEN WOODRUFF & ASSOCIATES  
801 S BROAD STREET  
BROOKSVILLE FL 34601  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1993

4. FEI Number

59-3183396

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASE, PHILIP R  
10064 WEEKS DRIVE  
BROOKSVILLE FL 34601

81 Name Ken Woodruff

82 Street Address (P.O. Box Number is Not Acceptable)  
801 S. Broad St.

83

84 City Brooksville FL 85 Zip Code 34601

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)

1-21-98  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME NASE, PHILIP R  
STREET ADDRESS 801 S BROAD STREET  
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

TITLE D  
NAME NASE, JUDITH D  
STREET ADDRESS 801 S BROAD STREET  
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NASE, Philip R. (D)  
1.2 NAME  
1.3 STREET ADDRESS 1104 THORNEHILL DR.  
1.4 CITY-ST-ZIP ANDERSON, SC 29621

☒ Change ☐ Addition

2.1 TITLE (D)  
2.2 NAME NASE, Judith D.  
2.3 STREET ADDRESS 1104 THORNEHILL DR.  
2.4 CITY-ST-ZIP ANDERSON, SC 29621

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

1/15/98 864-716-0736

CR2E034 (10/97)