


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000040200 (6)**

1. Corporation Name

WARREN FAIR INSURANCE, INC.

Principal Place of Business

3501 SW 2ND AVE.
STE. B
GAINESVILLE FL 32607
US

Mailing Address

ANTHONY J. SALZMAN
P.O. BOX 2759
GAINESVILLE FL 32602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1993

4. FEI Number

59-3187842

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 3501 SW 2ND AVE, STE. B	26 SAME
22 STE. B	27 SAME
23 Gainesville FL	28 SAME
24 32607	29 SAME
25 FL	30 FL

9. Name and Address of Current Registered Agent

**SALZMAN, ANTHONY J
MOODY, SALZMAN & ROBERTSON
500 EAST UNIVERSITY AVENUE STE. A
GAINESVILLE FL 32602-2759**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIR, B W JR.	1.2 NAME	JENNIFER E. FAIR
STREET ADDRESS	1512 NORTHWEST 31ST STREET	1.3 STREET ADDRESS	1512 NW 31ST STREET
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, GAY E	2.2 NAME	
STREET ADDRESS	1512 NORTHWEST 31ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, JENNIFER E.	3.2 NAME	
STREET ADDRESS	1512 NW 31ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32605	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **BW Fair Jr. FAIR, B.W. JR.**

1-25-98 (352)375-2929

CR2E034 (10/97)