


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

FILED

Feb 05 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 # P93000071194 (3) 1. Corporation Name SAI INSURANCE AGENCY, INC.					
Principal Place of Business 160 ALABAMA STREET CRESTVIEW FL 32536			Mailing Address 160 ALABAMA STREET CRESTVIEW FL 32536		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1993	
21		26		4. FEI Number 65-0443598	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			
Zip		Country			
25		30			
9. Name and Address of Current Registered Agent PAYNE, LINDA G 200 S. HOSPITAL DRIVE, #32 CRESTVIEW FL 32539			10. Name and Address of New Registered Agent		
			81 Name CHANGE OF ADDRESS ONLY		
			82 Street Address (P.O. Box Number is Not Acceptable) 105 NAVAJO TRACE		
			83		
			84 City CRESTVIEW, FL 85 Zip Code 32536		
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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEREDITH, VIVIAN B		1.2 NAME		
STREET ADDRESS	135 STEEPLECHASE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32539		1.4 CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYNE, LINDA G		2.2 NAME		
STREET ADDRESS	200 S. HOSPITAL DR., #32		2.3 STREET ADDRESS	105 NAVAJO TRACE	
CITY-ST-ZIP	CRESTVIEW FL 32539		2.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Linda G. Payne LINDA G. PAYNE

1/30/98

850-689-6616

CR2E034 (10/97)