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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071194 (3)

Country

9 Name and Address of Current Registered Agent

25

SAI INSURANCE AGENCY, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

160 ALABAMA STREET CRESTVIEW FL 32536

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc. .

26

27

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160 ALABAMA STREET CRESTVIEW FL 32536

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

X Yes

850-689-6616

Not Applicable

3. Date Incorporated or Qualified 10/07/1993

65-0443598

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

1/30/98

4. FEI Number

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PAYNE, LINDA G				11 1	lame	CHANGE	OF A	ADDRE	SS C	NLY				
200 S. HOSPITAL DRIVE, #32				82 Street Address (P.O. Box Number is Not Acceptable) 105 NAVAJO TRACE										
CRESTVIEW FL 32539						T02 NA/	<u>OUAv</u>	TRAC	Æ					
			8	3										
				4 C	City				:			85 Zir	Code	
					·	CRESTV					FL	3	2536	
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.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	ie. (NOTE Re	13.	kgent si	Ignature re	<u> </u>		LIANICE	0.70.01		DATE	DIDECT	20.01	
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officer or c	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.													

Country

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