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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

e. ,

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** **FILED**

Apr 30 1998 8:00am

Secretary of State

DOCUMENT # P94000005799 (9)

DELLINGER INSURANCE SERVICE, INC.

201 ROYAL DUNES BLVD. 201 ROYAL DUNES BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1994 2. Principal Place of Business 4, FEI Number Applied For 2a. Mailing Address 59-3220595 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Z_{W} Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name DELLINGER, ERNEST L 201 ROYAL DUNES BLVD. Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32176 83 84 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 wher reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change TITLE DELLINGER, ERNEST L 1.2 NAME NAME 201 ROYAL DUNES BLVD. 1.3 STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32176** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DELLINGER, FRANCES C NAME 201 ROYAL DANES BLVD. STREET ADDRESS 2.3 STREET ADDRESS **DRMOND BEACH FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE DELLINGER, ERIC S NAME 32 NAME 201 ROYAL DANES BLVD. STREET ADDRESS 3.3 STREET ADDRESS **ORMOND BEACH FL** 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE MILLER-DELLINGER, BETH A 4. 2 NAME NAME 201 ROYAL DANES BLVD 4.3 STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

64 City-St-7iP 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