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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000023565 (2) DOCUMENT #

NORTHEAST FLORIDA INSURANCE SERVICES, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				C LEGITARI IIA IBIII RIBII ARIII RAIII ARIII ARIII ARIII	101 01110 01	IST SIFE ISQ
103 CENTURY 21 DRIVE 103 CENTURY 21 DRIVE								
SUITE 205		SUITE 205	SUITE 205			DO MOT MURITE IN THE ODAOF		
JACKSONVILLE FL 32216		JACKSONVILLE FL 32210	JACKSONVILLE FL 32216			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						03/21/1994		
Principal Pla	ace of Business	2a Mailing Address	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		 	26			59-3234945	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
22		27	27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
2328						Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the currer		
24	25	29	30			Personal Property Tax due June 30.		□ No
	g, Name and Address of Curr	ent Hegistered Agent		81	Name	10. Haille and Address of Hear Registered Ag	BIII	
	MKINS, DEBORAH C				Hame			
	CENTURY 21 DRIVE		82 Street		Street A	ddress (P.O. Box Number is Not Acceptable)		
	TE 205			B3				
JAC	KSONVILLE FL 32216		ľ					
			Ī	84	City	FL	85 Zip	Code
as Durament t	a the provisions of Sections 607.0	E02 and 607 1508. Florida Statut	las the ah		-named c		nanging i	ts registered
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 profed name of registered	group and title if applicable (NO)	F: Registered	Agen	of signature re	equired when reinstating) DATE		
12.		AND DIRECTORS	13.		i digitatoro i	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOF	RS IN 12
TITLE	P	DELETE	1.1 TITI	LE	T.		Change	Addition
NAME	HAWKINS, DEBORAH C.		1.2 NAI	ME				
STREET ADDRESS	103 CENTURY 21 DR #205	5	1.3 STF	REET A	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY		r-ZIP			
TITLE		DELETE	2.1 TIT	LE			Change	Addition
NAME			2.2 NA	ME				-
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	· · · · · · · · · · · · · · · · · · ·		ļ
CITY-ST-ZIP	2		2. 4 CI	2. 4 CITY - ST - ZIP				
TITLE	DELETE 3.1		3.1 TIT	3.1 TITLE		L	Change	∟ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP		1 06	1 12300.
TITLE			4.1 111	LE		L	Change	Addition
NAME			4. 2 NA					
STREET ADDRESS			4.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			4.4 CIT	_	r- ZIP		T C+	i sainta.
TITLE		☐ DELETE	5.1 TIT			L.	Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS			•		ADORESS			
CITY-ST-ZIP		□ breeze	5.4 CIT		r-ZIP		Change	Addition
TITLE		DELETE	6.1 TIT			L.) Cuange	CT VOCIDOR
NAME			6.2 NA		. nonta			
STREET ADDRESS					ADDRESS			ŀ
CITY-ST-ZIP	AM the sale in the	turish thin filing along and accepted to	6.4 CIT			in Section 119.07(3)(i), Florida Statutes. I further certif	v that the	Information
14. I hereby c indicated	ertify that the information supplied on this annual report or suppleme	o wan this thing does not quality t intal annual report is true and ac	curate and	tha	it my sign	ature shall have the same legal effect as if made unde	roath th	at I am an
14. Thereby certify that the information supplied with this filing close not quality for the exemption stated in Section 1.19.0 (3)(i), Florida Statutes. Floridates 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 at 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 for on an attachment with an address.								pears in
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