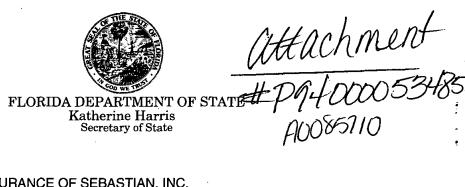
DOCUMENT # P9400053485 1. Entity Name FLORIDA HIWAY INSURANCE OF SEBASTIAN, INC.							Sep 13, 2001 8:00 am Secretary of State 09-13-2001 90055 041 ***550.00		
Principal Place of Business 717 US HWY 1 SEBASTIAN FL 32958 US			Mailing Address 717 US HWY 1 SEBASTIAN FL 32958 US						
2. Principal P		ness	3. Mailing Address				A NOCHEDOL II S. (DIA) DZEGI BOLIH DOMI DOMI DEMIL DINOD IIMI DALDE INDEL AMERIKAN		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State	te		City & State			4. F	FEI Number 59-3257170 Applied For Not Applicable		
Zip		Country	Zip	Coun	try		Certificate of Status Desired		
	6. Name	e and Address of Current Re	gistered Agent		Name	7. N	Name and Address of New Registered Agent		
YAREMA, 717:US:H	I, CARL J JF	A			Street Address (P.O. Box Number is Not Acceptable)				
	HWY-1 IAN FL 3295	58		ا					
<u></u>	<u>.</u>				registered office or registered agent, or both, in the State of Florida.				
Tax filing r (See criter			FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Stat			State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
11.		OFFICERS AND DI		12.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	YAREMA, 717 US H	YAREMA, CARL J JR 717 US HWY 1			.E ME EET ADDRESS 7-ST-ZIP	ADDRESS T-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delele				1		☐ Change ☐ Addition ☐		
TITLE NAME STREET AODRESS -CHY-ST-ZIP	☐ Delete			ì					
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete				l l	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	R			☐ Change ☐ Addition		
13. I hereby of indicated of the corchanged	certify that the don this repo rporation or t d, or on an att	e information supplied with the ort or supplemental report is tru- the receiver or trustee empow- tachment with an address, with	is filing does not qualify for ue and accurate and that ered to execute this report thall other like empowered	or the exer my signal t as requi d.	nption stated in ture shall have t red by Chapter	Section 1 he same I 607, Flori	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if		

8-1-01 1-861-549-8922 Dayline Phone #

CONATORE DEQUIRED NAME DE SHORTING OFFICER OR DIRECTOR

SIGNATURE:

1 11 | 1 | Page



August 22, 2001

FLORIDA HIWAY INSURANCE OF SEBASTIAN, INC. 717 US HWY 1 SEBASTIAN, FL 32958 US

SUBJECT: FLORIDA HIWAY INSURANCE OF SEBASTIAN, INC. Ref. Number: P94000053485

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott Document Specialist

Letter Number: 801A00047907