

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23 1998 8:00am
Secretary of State

DOCUMENT # P94000073619 (6)

1. Corporation Name

AFFORDABLE INSURANCE AGENCY OF PUTNAM COUNTY, IN
C.



Principal Place of Business

922 SOUTH HIGHWAY 19
PALATKA FL 32177

Mailing Address

922 SOUTH HIGHWAY 19
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

59-3270819

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5111 Cecil Ave
Suite, Apt. #, etc.

22 City & State

23 Palatka FL

24 Zip

25 Country

26 USA

2a. Mailing Address

26 RT 4 Box 119
Suite, Apt. #, etc.

27 City & State

28 Palatka FL

29 Zip

30 Country

31 USA

9. Name and Address of Current Registered Agent

HARPER, CONNIE
922 SOUTH HWY 19
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Connie Harper

(NOTE: Registered Agent signature required when reinstating)

8/4/98

12. OFFICERS AND DIRECTORS

TITLE P HARPER, CONNIE ☐ DELETE

NAME RT 4 BOX 1059
STREET ADDRESS PALATKA FL
CITY-ST-ZIP

TITLE D TALLMAN, WILLIAM ☐ DELETE

NAME RT 4 BOX 1059 / P.O. BOX 2332
STREET ADDRESS PALATKA FL
CITY-ST-ZIP

TITLE VP HARPER, RODNEY ☐ DELETE

NAME RT 14, BOX 1059
STREET ADDRESS PALATKA FL
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

Connie Harper

8/4/98

8/4/98

CR2E034 (5/98)

**SHAREHOLDERS' AND DIRECTORS' WRITTEN CONSENT
TO AMENDMENT OF ARTICLES OF INCORPORATION
FOR
AFFORDABLE INSURANCE AGENCY OF PUTNAM COUNTY,
INC.**

The undersigned , being all of the directors and all of the shareholders of Affordable Insurance Agency of Putnam County, Inc. entitled to vote with respect thereto, and in the case of shareholders, being each the holder of the number and class of shares set forth opposite his/her name below, hereby consent to, authorize, and adopt the following amendment to the articles of incorporation:

The name of the corporation shall be changed to:

Auto Insurance Specialist, Inc.

<u>Name of Shareholder</u>	<u>Signature</u>	<u>Number and Class Shares Held</u>	<u>Date of Signature</u>
<u>Connie F. Harper</u>	<u>Connie F. Harper</u>	<u>100 Common</u>	<u>8/4/98</u>

<u>Name of Directors</u>	<u>Signature</u>	<u>Date of Signature</u>
<u>Connie F. Harper</u>	<u>Connie F. Harper</u>	<u>8/4/98</u>
<u>William W. Tallman</u>	<u>Bill Tallman</u>	<u>8/4/98</u>