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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030979 (5)

INVESTORS INSURANCE & FINANCIAL GROUP INC-

Principal Place of Business Mailing Address 2165 TREVOR ROAD 2165 TREVOR ROAD PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1995 2. Principal Place of Business 2a. Mailing Address EET Number Applied For 59-3308207 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intaggible Personal Properly Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHETZEL, TERRI B 2165 TREVOR ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 83 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE זיאם (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition 1.1 10116 TITLE WHETZEL, TERRI B NAME 1.2 NAME 2165 TREVOR ROAD 1.3 \$TREET ADDRESS STREET ADDRESS PALM HARBOR FL 1.4 CITY - \$1 - Z(P CITY-ST-ZIP Change Addition DELETE 2111116 TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 C(1Y - S1 - Z(P) CITY-ST-ZIP DELETE Change Addition TITLE 3.1 10116 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-S1-7IP CITY-ST-ZIP DELETE. ☐ Change Addition 4.1 1016 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 11118 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1 - ZiP DELETE Change Addition G.1 TOLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP

14. Thereby 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 animal report is true and accurate and that my signature shall have the same legal effect as if made under early wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or of an altrachment with an advises.

eru B Sthite

4/9/98

813 942 0775

E034 (10/97)

FILED

Apr 21 1998 8:00am

Secretary of State