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

DOCUMENT # P95000036655 (5)

BEST INSURANCE CORPORATION

FILED Mar 31 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			i innibat ten ibin aneri narti fatti	iden daran stein antid Bildi diebt Beit Ladi	
11517 EAGLE CREST LANE 11517 EAGLE CREST LAN					,		
JACKSONVII	LLE FL 32258	JACKSONVILLE	JACKSONVILLE FL 32258		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	114 (1110 017102	
					05/05/1995		
2. Principal P	Place of Business	2a. Mailing Addr	ess		4. FEI Number	Applied For	
21		26			59-3311963	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			C. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	— <u></u>	untry	8. This corporation owes or has pe		
24	25 9, Name and Address of Curr	29 29 Agent	30		Personal Property Tax due June 10. Name and Address of New Re		
D/	OWE, ROBIN L	ioni negisteren Manic	··· - -	81 Name 1		afteresen Aftern	
	OWE, NODIN L O CRANES CIRCLE WEST	_		7	JOBIN L. KOW	E	
	TAMONTE SPRINGS FL 3270	Calderes	`	82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
• • • • • • • • • • • • • • • • • • •	-MMONTE OF MINGS TE SETO	change	. 1	83 11.2	17 casu Cres	T LANE_	
		nes)				
		/		84 City	KSONULLLE	FL 85 Zip Code 32258	
11 Purcuant	to the provisions of Sections 607.0	1502 and 607 1508 Florid	ta Statutos the o	hove-named core			
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 largitlar with, and accept the obligations of Section 607.0505, Florida Statutes.							
agent. I a	im familiar with, and accept the ob-	/ _	0505, Florida Sta	itutes.		1-7-98	
SIGNATURE	Signature, typed i printed name of registered	egent and the if englishing	(NOTE: Begisters	ed Agent signature requi	ired when reinstation	DATE DATE	
12.		AND DIRECTORS	13.	or rigent arguatura requi	ADDITIONS/CHANGES TO OFFI		
TITLE	PO	DE		ITLE		Change Addition	
NAME	ROBIN L. ROWE		1.2 N	IAME			
STREET ADDRESS	11517 EAGLE CREST LN		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.40	SITY-ST-ZIP			
TITLE		☐ DE				Change Addition	
NAME			22 N	IAME			
STREET ADDRESS			235	TREET ADDRESS			
CITY-ST-ZIP			2.40	CITY-ST-ZIP			
TITLE		DE DE				Change Addition	
NAME			3.2 N	IAME			
STREET ADDRESS			3.3 S	TREET ADDRESS			
CITY-ST-ZIP			3.4. 0	CITY-ST-ZIP			
TITLE		☐ DE	LETE 4.1 T	ITLE		Change Addition	
NAME			4.21	NAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP			
TITLE		DE	LETE 5.1 T	ITLE		Change Addition	
NAME			5.2 N	IAME			
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			5.40	ITY-ST-ZIP			
TITLE		☐ DE				Change Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			

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 of 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.

CIONATURE.

Jack Source

1-7-98

904 990-8935