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FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000040740 (9)

1. Corporation Name

JCB INSURANCE OF MANASOTA, INC.

Principal Place of Business

Mailing Address

6320 15 STREET EAST  
C7  
SARASOTA FL 34243  
US

1815 HIBISCUS ST  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1995

4. FEI Number

65-0582098

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

2a. Mailing Address

21 6320 15 ST. EAST  
Suite, Apt. #, etc. C-8

26 P.O. BOX 1520  
Suite, Apt. #, etc.

22 City & State SARASOTA FLA.

27 City & State TALLAHASSEE FL.

23 Zip 34243 Country MANATEE

28 Zip 34270 Country MANATEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANTERBURY, JOYCE  
1815 HIBISCUS STREET  
SARASOTA FL 34239

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 *Joyce Canterbury*

(NOTE: Registered Agent signature required when reinstating)

1-23-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CANTERBURY, JOYCE  
STREET ADDRESS 1815 HIBISCUS ST  
CITY-ST-ZIP SARASOTA FL 34239

1.1 TITLE PRESIDENT  
1.2 NAME ALEX CHAVEZ  
1.3 STREET ADDRESS 1815 HIBISCUS ST  
1.4 CITY-ST-ZIP SARASOTA FL 34239

TITLE VP  
NAME CHAVEZ, ALEX  
STREET ADDRESS 1815 HIBISCUS STREET  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VICE-PRESIDENT  
2.2 NAME JOYCE CANTERBURY CHAVEZ  
2.3 STREET ADDRESS 1815 HIBISCUS ST  
2.4 CITY-ST-ZIP SARASOTA FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 an attachment with an address.

SIGNATURE: *[Signature]*

1-23-98

941-739-9191

CR2E034 (10/97)