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

FILED
Apr 23 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 # **P95000051964 (1)**

1. Corporation Name
BEST WAY INSURANCE, INC.

Principal Place of Business	Mailing Address
1000 SO. BELCHER ROAD STE A-1 LARGO FL 34641	1000 SO. BELCHER ROAD STE A-1 LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 59-3324498 ☐ 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

9. Name and Address of Current Registered Agent

GEIGER, WILLIAM Z
1000 SO. BELCHER ROAD STE A-1
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name J.R. DiRose
82 Street Address (P.O. Box Number is Not Acceptable) 12600 S. Belcher Rd. Suite 104 A
83
84 City Largo, FL 85 Zip Code 33773

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 J.R. DIROSE, PRESIDENT J.R. DiRose
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GEIGER, WILLIAM Z		1.2 NAME	
STREET ADDRESS	1000 SO. BELCHER ROAD STE A-1		1.3 STREET ADDRESS	12600 S. Belcher Rd #104A
CITY-ST-ZIP	LARGO FL 34641		1.4 CITY-ST-ZIP	Largo, Fl. 33773
TITLE	TD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	KEIF, IRVING W		2.2 NAME	
STREET ADDRESS	1000 SO. BELCHER ROAD STE A-1		2.3 STREET ADDRESS	12600 S. Belcher Rd. #104A
CITY-ST-ZIP	LARGO FL 34641		2.4 CITY-ST-ZIP	Largo, Fl. 33773
TITLE	PD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DIROSE, J R		3.2 NAME	
STREET ADDRESS	1000 SO. BELCHER ROAD STE A-1		3.3 STREET ADDRESS	12600 S. Belcher Rd. #104A
CITY-ST-ZIP	LARGO FL 34641		3.4 CITY-ST-ZIP	Largo, Fl. 33773
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: J.R. DIROSE, PRESIDENT J.R. DiRose