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 # P95000055169 (3)

POLICYWORKS, INC.

Principal Place of Pusings

FILED Jan 29 1998 8:00am Secretary of State



i morpar i lac	o oi pasilloss	Maining Address					
708 EAST COLLEGE AVENUE TALLAHASSEE FL 32301		706 EAST COLLEGE AVENUE TALLAHASSEE FL 32301		DO NOT WRITE IN THIS S	DACE		
					3. Date Incorporated or Qualified	TACE	
					07/18/1995		
2. Principal P	lace of Business	2a. Mailing Address	~		4. FEI Number	1 14	nation Co.
21 26						─ -	pplied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-3335053		ot Applicable	
22		27			5. Certificate of Status Desired		Additional lequired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip	Country				8. This corporation owes or has paid the curre		
24	25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No			
	 	it Hegistered Agent		T	10. Name and Address of New Registered A	gent	
	AYLOR, BRENT R 06 E COLLEGE AVE		81	,			
TALLAHASSEE FL 32301			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	•		83				
			84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508. Florida Statu	tes, the abov	e-named o	corporation submits this statement for the purpose of	<u>l</u> changing i	its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized by	the corpo	oration's board of directors. I hereby accept the appo	intment as	registered
	in termial with, and accept the obligi	ations of, Section 607.0003, 1 k	onda Sialole	э.			
SIGNATURE	Signature, typed or printed name of registered ago	ent and little If anolicable (NOT	E Registered Age	ent signature re	equired when reinstaling) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	V -	☐ DELETE	1.1 TITLE			Change	Addition
NAME	CURVA, FELY		1.2 NAME			_	
STREET ADDRESS	1212 PIEDMONT DR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CiTY - 5				
TITLE			2.1 TITLE			Change	Addition
NAME	MILTON, SANDE		2.2 NAME		•		
STREET ADDRESS	1212 PIEDMONT DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		2 4 CITY-ST-ZiP				
TITLE			3.1 TITLE	31-217		Change	Addition
NAME	TAMI OD DOGUT D		3.2 NAME		•		
STREET ADDRESS	TOO E COLLEGE AVE		3.3 STREET	ADDOCCO			[
	TALLAMAÇQEE EL						
CITY-ST-ZIP TITLE	DELETE 4.1 TI			ST-ZIP		Change	Addition
NAME		F-1 percit	4.1 TUILE 4. 2 NAME		L		ACCHION
STREET ADDRESS			4.2 NAME	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				į
TITLE		☐ DELET E	5.1 TITLE			Change	Addition
NAME		 -	5.2 NAME	1	•		
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		DELETE	6.1 TITLE	, 611		Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREET	ADDRESS]
				- 1			ł
CITY-ST-ZIP			6.4 CITY-S	1-717			

Thereby certify that the information supplied with this filling 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 in address.