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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074395 (1)

A+ BROKERS INSURANCE & INVESTMENTS, INC.

**FILED** May 13 1998 8:00am Secretary of State



|   |   |                                   |                     |  | fi 1881 HEREK (1118 ININ) DIII INFI |
|---|---|-----------------------------------|---------------------|--|-------------------------------------|
| Principal Place   |   | Mailing Address                   |                     |  |                                     |
| 1885 E ALFRED ST PO BOX 1142  |   |                                   |                     |  |                                     |
| TAVARES FL 32778 US US US TAVARES FL 32778 US   |   |                                   | DO NOT WRITE IN T   | DO NOT WRITE IN THIS SPACE                             |                                     |
|   |   | 03                                |                     | 3. Date Incorporated or Qualified                      |                                     |
|   |   |                                   |                     | 09/25/1995   |                                     |
| 2. Principal P  | ace of Business                           | 2a. Mailing Address               |                     | 4. FEI Number  | Applied For                         |
| 21 Home   | e loffice                                 | 28 595 Suns                       | et Dr               | 59-3346295   | Not Applicable                      |
| Suite, Apt.   |   | Suite, Apt #, etc.                |                     |  | \$8.75 Additional                   |
| 22 595  | Sunset Dr.                                | 27                                |                     | 5. Certificate of Status Desired                       | Fee Required                        |
| City & State  |   | City & State                      | 1-1                 | 6. Election Campaign Financing                         | \$5.00 May Be                       |
| 23 Mt.  | DIRA                                      | 28 m+. DORA                       |                     | Trust Fund Contribution                                | Added to Fees                       |
| _ Žip   | Country                                   |                                   | Country             | 8. This corporation owes or has paid the               | <b>A</b> 1                          |
| 24  | ,  25  (a1Ce)                             | 29 / ۱ د کے ا29                   | o cake              | <ul> <li>Personal Property Tax due June 30.</li> </ul> | Yes No                              |
|   | 9. Name and Address of Current            | Registered Agent                  | ed N                | 10. Name and Address of New Registe                    | red Agent                           |
| LEE, LORRAINE B   |   |                                   |                     | ·  |                                     |
| 1865 E ALFRED ST 82 Street Address  |   |                                   |                     | Address (P.O. Box Number is Not Acceptable)            |                                     |
| TAVARES FL 32778  |   |                                   |                     |  |                                     |
|   |   |                                   | 83                  |  |                                     |
|   |   |                                   | 84 City             |  | 85 Zip Code                         |
|   |   |                                   |                     |  | <b>- L.</b>                         |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent aignature required when reinstating)  DATE   |   |                                   |                     |  |                                     |
| 12.   | OFFICERS AND                              |                                   | 13.                 | ADDITIONS/CHANGES TO OFFICERS                          | AND DIRECTORS IN 12                 |
| TITLE   | D   | DELETE                            | 1.1 TITLE           |  | Change Addition                     |
| NAME  | BLAKELY, ROBERT K                         | •                                 | 1.2 NAMÉ            |  |                                     |
| STREET ADDRESS  | 1065 E ALFRED ST                          |                                   | 1.3 STREET ADDRESS  |  |                                     |
| CITY-ST-ZIP   | TAVARES FL 32778                          |                                   | 1.4 CITY - ST - ZIP |  |                                     |
| TITLE   | VD  | DELETE                            | 2.1 TITLE           | D  | Change Addition                     |
| NAME  | LEE, LORRAINE B                           |                                   | 22 NAME             | ice Lorraine D.  |                                     |
| STREET ADDRESS  | 1685 E ALFRED ST                          |                                   | 2.3 STREET ADDRESS  | 595 Synset DR.   |                                     |
| CITY-ST-ZIP   | TAVARES FL 32778                          |                                   | 2.4 CITY-ST-ZIP     | Lee Lorraine B.<br>595 Synset DR.<br>M+ Dong Fl. 32    | 157                                 |
| TITLE   |   | DELETE                            | 3.1 TITLE           |  | Change Addition                     |
| NAME  |   |                                   | 3.2 NAME            |  |                                     |
| STREET ADDRESS  |   |                                   | 3.3 STREET ADDRESS  |  |                                     |
| CITY-ST-ZIP   |   |                                   | 3.4. CITY-ST-ZIP    |  |                                     |
| 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                            | 51 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   |   |                                   | 64 CITY-ST-ZIP      |  |                                     |
|   | ertify that the information cumplied with | this files does not qualify for t |                     | d in Section 119 07/3Vi). Florida Statutes I furthe    | ar certify that the information     |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify 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, of on an attachment with an address