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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000026148

STATE NO-FAULT INS OF PINE HILLS INC

Principal Place of Business: 1000 PINE HILLS RD, ORLANDO, FL 32808
Mailing Address: P.O. BOX 180535, CASSEBERRY, FL 32718

3. Date Incorporated or Qualified: 3/96
3a. Date of Last Report:
4. FEI Number: 59-3381268
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent: MARK A. VICKERY, 4051 S. U.S. HWY 17-92, CASSEBERRY, FL 32718

10. Name and Address of New Registered Agent:
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: (NOTE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS:
1. TITLE:
2. NAME: MARK A. VICKERY
3. STREET ADDRESS: 305 SPRING LAKE HILLS DR
4. CITY-STATE-ZIP: ALTAMONTE SPRINGS, FL 32714
5. TITLE:
6. NAME: FRANK P. WALSH
7. STREET ADDRESS: P.O. BOX 1096
8. CITY-STATE-ZIP: PT. SALERNO, FL 34992
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
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14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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: [Signature] 3/19/97 (407) 831-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Date: Daytime Phone: #

CR2E034 (9/96)