SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 05 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 # P96000055358

1. Corporation Name
MAUREEN C. WARD INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
216 LAKE ELLA DR. TALLAHASSEE, FL 32303	216 LAKE ELLA DR. TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1996

2. Principal Place of Business	2a. Mailing Address
21 216 LAKE ELLA DR.	26 216 LAKE ELLA DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL
Zip 24 32303 Country 25 USA	Zip 29 32303 Country 30 USA

4. FEI Number: 59-3401404 ☐ 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	10. Name and Address of New Registered Agent
Smith, J. Layne 1330 Thomasville Rd. Tallahassee, FL 32303	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: Maureen C. Ward 9/28/98
Signature, typed 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	President ☐ DELETE	1.1 TITLE	~~President~~ ☐ Change ☐ Addition
NAME	Maureen C. Ward	1.2 NAME	
STREET ADDRESS	4619 Highgrove Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	1.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	Vice President ☐ DELETE	2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	Gene L. WARD	2.2 NAME	Gene L. WARD
STREET ADDRESS	4619 Highgrove Rd.	2.3 STREET ADDRESS	4619 Highgrove Rd.
CITY-ST-ZIP	Tallahassee, FL 32308	2.4 CITY-ST-ZIP	~~Tallahassee, FL~~ 32308
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	$105
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	300026563:5 ☐ Change ☐ Addition
NAME		6.2 NAME	-10/06/98--01011--027
STREET ADDRESS		6.3 STREET ADDRESS	***550.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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: Maureen C. Ward (Maureen C. Ward) 9/28/98 (850)297-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone #