

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 01 1998 8:00am  
Secretary of State

DOCUMENT # P96000074709 (2)

1. Corporation Name

WHOLESALE LIFE INSURANCE, INC.



Principal Place of Business

8001 S.W. 30TH AVENUE  
GAINESVILLE FL 32607

Mailing Address

8001 S.W. 30TH AVENUE  
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1996

4. FEI Number

59-3427395

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

LANE, H T JR  
8001 S.W. 30TH AVENUE  
GAINESVILLE FL 32607

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VC  
NAME LANE, HENRY T  
STREET ADDRESS 610 NW. 34 DR  
CITY-ST-ZIP GAINESVILLE FL 32605

☒ DELETE

TITLE CEO  
NAME LANE, H. THOMAS JR.  
STREET ADDRESS 610 NW. 34 DR  
CITY-ST-ZIP GAINESVILLE FL 32605

☐ DELETE

TITLE P  
NAME LANE, CAROLINE G.  
STREET ADDRESS 8001 SW 30 AVE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE EVP  
NAME HUNTER III, WALTER R.  
STREET ADDRESS 4406 NW 43 PL  
CITY-ST-ZIP GAINESVILLE FL

☒ DELETE

TITLE VP  
NAME PISANO JR., R.P.  
STREET ADDRESS 1122 NW 22 ST  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Ex VP, CFO  
1.2 NAME Gerald H. M. Cuy  
1.3 STREET ADDRESS 502 NW 75 St, Suite 91  
1.4 CITY-ST-ZIP Gainesville, FL 32607

☐ Change ☒ Addition

2.1 TITLE Ex VP / CAO  
2.2 NAME  
2.3 STREET ADDRESS 502 NW 75 St, Suite 91  
2.4 CITY-ST-ZIP Gainesville, FL 32607

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE:

9.23.98

CR2E034 (5/98)