

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

FILED
Jun 04 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 # P96000079045 (6)

1. Corporation Name

BARNETT INSURANCE SERVICES, INC.

Principal Place of Business

10465 SOUTHEAST U.S. HIGHWAY 441
BELLEVUE FL 34421

Mailing Address

50 N LAURA ST
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

59-3403897

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

2. Principal Place of Business

2a. Mailing Address

201 North Tryon Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

IJL Building, 19th Floor

City & State

City & State

Charlotte, NC 28255

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ENGLAND, GARY W.
50 NORTH LAURA STREET
MAIL CODE 090-000-0907
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

Margaret Schneider

82

Street Address (P.O. Box Number is Not Acceptable)

10465 SE Highway 441

83

84

City

Bellevue, FL

FL

85 Zip Code
34420

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 true agent (initials)

Margaret Schneider

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JONES, RICHARD H | |
| STREET ADDRESS | 50 NORTH LAURA STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | NELSON, ROBERT L. | |
| STREET ADDRESS | 9000 SOUTHSIDE BOULEVARD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CLIFFORD, LINDA | |
| STREET ADDRESS | 10465 S HIGHWAY 441 | |
| CITY-ST-ZIP | BELLEVUE FL | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WHITE, ROBERT K | |
| STREET ADDRESS | 9000 SOUTHSIDE BOULEVARD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LINKEY, MATTHEW S. | |
| STREET ADDRESS | 9000 SOUTHSIDE BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|---|
| 1.1 TITLE | Dean Purvis, Vice President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 201 North Tryon Street | |
| 1.3 STREET ADDRESS | Charlotte, NC 28255 | |
| 1.4 CITY-ST-ZIP | | |

| | | |
|--------------------|----------------------|--|
| 2.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Margaret Schneider | |
| 2.3 STREET ADDRESS | 10465 SE Highway 441 | |
| 2.4 CITY-ST-ZIP | Bellevue, FL 34420 | |

| | | |
|--------------------|------------------------|--|
| 3.1 TITLE | Secretary/Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Stephen S. Green | |
| 3.3 STREET ADDRESS | 201 North Tryon Street | |
| 3.4 CITY-ST-ZIP | Charlotte, NC 28255 | |

| | | |
|--------------------|----------------------------|--|
| 4.1 TITLE | Sr. Vice President/Officer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Susan D. Mays | |
| 4.3 STREET ADDRESS | 201 North Tryon Street | |
| 4.4 CITY-ST-ZIP | Charlotte, NC 28255 | |

| | | |
|--------------------|----------------------------|--|
| 5.1 TITLE | Sr. Vice President/Officer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Gary S. Williams | |
| 5.3 STREET ADDRESS | 201 North Tryon Street | |
| 5.4 CITY-ST-ZIP | Charlotte, NC 28255 | |

| | | |
|--------------------|------------------------|--|
| 6.1 TITLE | Vice President/Officer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Janet G. Locke | |
| 6.3 STREET ADDRESS | 201 North Tryon Street | |
| 6.4 CITY-ST-ZIP | Charlotte, NC 28255 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, 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: Margaret Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0031037

5/12/98 1-352-307-2400

CR2E034 (10/97)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

**Assistant Secretary
Mary-Ann Lucas
100 N. Tryon Street
Corporate Center
Charlotte, NC 28255**

**Officer
Wanda Long
10465 SE Highway 441
Belleview, FL 34420**