

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

Jul 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000449 (3)
 1. Corporation Name
KILROY INSURANCES, INC.



Principal Place of Business 4326 PARK BLVD., SUITE F PINELLAS PARK FL 33781	Mailing Address 4326 PARK BLVD., SUITE F PINELLAS PARK FL 33781
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1997

2. Principal Place of Business 21 1025-58TH ST N Suite, Apt. #, etc.	2a. Mailing Address 26 1025-58TH ST N Suite, Apt. #, etc.
City & State 23 ST. PETERSBURG FL	City & State 28 ST. PETERSBURG FL
Zip 24 33710	Country 25 USA
Zip 29 33710	Country 30 USA

4. FEI Number
59-3417197

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
**KILROY, ROBERT F
 4326 PARK BLVD., SUITE F
 PINELLAS PARK FL 33781**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1025-58TH ST N.
83	
84 City	ST PETERSBURG FL
85 Zip Code	33710

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILROY, ROBERT F	
STREET ADDRESS	4326 PARK BLVD., SUITE F	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILROY, JANE E	
STREET ADDRESS	4326 PARK BLVD., SUITE F	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1025-58TH ST N.
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33710
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1025-58TH ST N
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33710
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	6000025876555
6.4 CITY-ST-ZIP	-07/14/98--01017--00000000

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 **Robert F. Kilroy** DATE **7/6/98** (2) 347-7979

CR2E034 (5/98)

Allstate
You're in good hands.

Robert F Kilroy
Neighborhood Exclusive Agent
1025 68th Street N
St Petersburg FL 33710
Bus: 813-347-7979
1-800-486-7987
Fax: 813-343-0656



July 01, 1998

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Kilroy Insurances Inc.

Dear Sirs:

I received in the mail today a notice requiring a filing fee of \$550. The envelope was stamped '2nd notice'. This is the only notice that I received. The envelope is addressed to my correct address - 1025 - 58th St N. St. Petersburg, FL 33710, but the form inside has my old address 4326 Park Blvd, Suite F, Pinellas Park, FL 33781. I believe what happened was that the 1st notice was sent to my prior address and was never forwarded to me.

I called your office and spoke with a customer service lady named Tanya. I explained the situation to her and she advised that I should complete the form and return it to you with this letter and a check for \$150. which I have included.

I have complied with these requirements and would be pleased to hear from you if there are any other requirements.

Sincerely,



Robert F. Kilroy



24 Hour a Day Service