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

NAME

STREET ADDRESS

SIGNATURE: ___

FILED Mar 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham, Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000007525 (3) FOURTH STREET INSURANCE PROFESSIONALS INC. Principal Place of Business Mailing Address 5800 4TH STREET NO POST OFFICE BOX 7068 ST PETERSBURG FL ST PETERSBURG FL 33734 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Mailing Address 01/27/1997 2. Principal Place of Business Applied For 5800 441 5800 21 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ddress of Current Registered Agent 10. Name and Address of New Registered Agent Name VALESKY, PAUL M 1817 16TH STREET NO Street Address (P.O. Box Number is Not Acceptable) 82 ST PETERSBURG FL 33704 83 84 City 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 harve of registered agent and title if applicabili-Registered Agent signature OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, TITLE DELETE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS በፅላዋ CITY-SI-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS nong CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE ☐ Addition Change TITLE 41 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS NOM CITY-ST-ZIP 44 CITY-ST-ZIP DELETE ☐ Addition TITLE 5.1 THLE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition 6.1 TITLE TITLE

6.2 NAME

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 trustgee 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

813-823-1557