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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023931 (3)

BUNKER HILL INSURANCE OF FLORIDA, INC.

FILED Mar 23 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address							
2753 STATE ROAD 580 #103 CLEARWATER FL 34621-3351		YAY YOR YOR YAY YOR YOU WANTED YO	×2930/64/45/46/46/46/46/46/46/46/46/46/46/46/46/46/				
		XGLEARWATER RIX340216333	XX		DO NOT WRITE IN THIS SPACE		
		9821 KATY FREEV	VAY, S	STE 850	3. Date Incorporated or Qualified	SSPACE	—— <u> </u>
		HOUSTON, TX 770)24		03/10/1997		
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	ΙΔn	plied For
21 21	ace of business	26. 9821 KATY FR	EEWAY	•	59-3445101		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	
22	.,,	27 850			5. Certificate of Status Desired	Fee Re	
City & State)	City & State HOUSTON, TX			8. Election Campaign Financing	\$5.00	May Ba
23		HOUSTON, TX		Trust Fund Contribution	Added t		
Zip	Country	Zip	Countr		8. This corporation owes or has paid the o	urrent year Inte	angible
24	25	29 77024 30	o HA	RRIS	Personal Property Tax due June 30.] No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
BU	Tler, Kirby		81	Name.			
275	53 STATE ROAD 580 #103		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
Cu	EARWATER FL 34621-3351		Ĺ		,		
			63	1			
			84	City		. 85 Zip (Code
				1 7	F		
11. Pursuant t	to the provisions of Sections 607.05	602 and 607 1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose	of changing its	s registered
office or re agent I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	to of Florida. Such change was aut gations of, Section 607.0505, Florid	norizeo d da Statute	by the corporations.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as	registereu
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: F	Registered Ad	ent signature require	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	THOMAS, RAYMOND L		1.2 NAME				
STREET ADDRESS	9821 KATY FREEWAY #850)	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77024-1206		1.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	OSTER, SHELDON I		2.2 NAME				
STREET ADDRESS	9821 KATY FREEWAY #850)	2.3 STREE	T ADDRESS			
City-St-ZiP	HOUSTON TX 77024-1206		2. 4 CITY-	-ST-ZiP			
TITLE		DELETE	3.1 TITLE	<u> </u>		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAMI	Ε			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREE	T ADDRESS			
CITY - ST - ZIP			6.4 CITY				
0111-01-511	L		9.70111	** **	O		Indo-manting

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 informatio 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 recovery 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: SHELDON I. OSTER, PRESIDENT

8 (713)935-7400