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FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra E. McSherry  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000055581 (7)

1. Corporation Name

NETWORK INSURANCE & ASSOCIATES, INC.



Principal Place of Business

6215 STONE ROAD  
SUITE 10  
PT RICHEY FL 34668

Mailing Address

6215 STONE ROAD  
SUITE 10  
PT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

59-3464141

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

NAUMANN, W.  
8634 SPANISH MOSS DR  
PT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name CHARLES PATTERSON

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

3349 Thorny Ridge Dr

83 CHARLES PATTERSON

84 City Holiday

FL

85 Zip Code 34691

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

X Charles Patterson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2-9-98

12. OFFICERS AND DIRECTORS

TITLE D - PRESIDENT ☐ DELETE

NAME NAUMANN, J. W.  
STREET ADDRESS 8634 SPANISH MOSS DR  
CITY - ST - ZIP PT RICHEY FL 34668

TITLE D - SECRETARY ☐ DELETE

NAME NAUMANN, STEVEN  
STREET ADDRESS 4853 SARATOGA AVE  
CITY - ST - ZIP SAN DIEGO CA 92107

TITLE D ☒ DELETE

NAME NAUMAN, WILLIAM  
STREET ADDRESS 8634 SPANISH MOSS DR  
CITY - ST - ZIP PT RICHEY FL 34668

TITLE Charles Patterson - VICE PRESIDENT ☐ DELETE

NAME 3349 Thorny Ridge Dr  
STREET ADDRESS Holiday, Fla 34691  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

CR2E034 (10/97)