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FILED
Feb 02 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 # P97000064662 (4)

1. Corporation Name

APPLE INSURANCE MALL OF ARLINGTON, INC.

Principal Place of Business

400 CLEVELAND STREET STE. 800
CLEARWATER FL 33755

Mailing Address

400 CLEVELAND STREET STE. 800
CLEARWATER FL 33755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

59-3458752

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

21 6715 Arlington Expressway

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 Zip 32211

Country

USA

2a. Mailing Address

26 325 N Federal Hwy

Suite, Apt. #, etc.

27 City & State

28 Boynton Beach FL

29 Zip 33435

Country

USA

9. Name and Address of Current Registered Agent

RAYMOND, J P
400 CLEVELAND STREET STE. 800
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name

J. Paul Raymond

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

625 Court Street

83

Suite 200

84 City

Clearwater

FL

85 Zip Code

33756

11. Pursuant to the provisions of Sections 607.0507 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
WATSON, CHARLES S
STREET ADDRESS 325 N. FEDERAL HWY.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE

NAME DVST
MCVEIGH, PAMELA M
STREET ADDRESS 325 N. FEDERAL HWY.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE

Paul Raymond

1/23/98 (561) 732-7702

CR2E034 (10/97)