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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

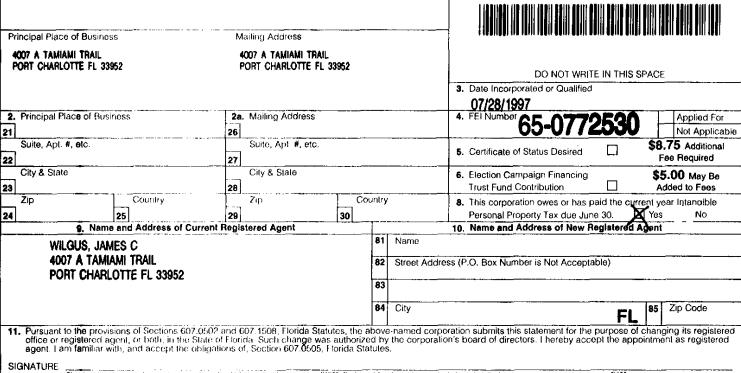
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700065706 (8)

BEST COAST INSURANCE, INC.

FILED May 21 1998 8:00am Secretary of State



Signature, typicd or punited harve of registered agend and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TILLE NAME WILGUS, JAMES C 1.2 NAME 4007 A TAMIAMI TRAIL 1.3 STREET ADDRESS STREET ADDRESS **PORT CHARLOTTE FL 33952** 1.4 CITY - S1 - ZIP CITY-\$1-2IP DELETE Change Addition TITLE 2.1 TITLE WILGUS, TERRY M NAME 2.2 NAME 4007 A TAMIAMI TRAIL STREET ADDRESS 2.3 STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 toport or suppliemental 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 this 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 13 inchanged, or on an attachurght with an address.

Block 13 or Block 13 changed, or on an attaching it with an address.