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FILED
May 21 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 # P97000073721 (7)

1. Corporation Name

FLORIDA LIFE & HEALTH INSURANCE, INC.



Principal Place of Business

Mailing Address

5743 MELALEUCA DR
HOLIDAY FL 34690

5743 MELALEUCA DR
HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 P.O. Box 3317

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

27 City & State

28 Zip

Country

HOLIDAY, FLORIDA

34690

PASCO

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

59-3467098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

WHITEHURST, RUSSELL M
5743 MELALEUCA DR
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Russell M. Whitehurst

(NOTE: Registered Agent signature required when reinstating)

4/27/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

No changes have
been made

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Russell M. Whitehurst
5743 Melaleuca Dr.
Holiday, Florida 34690

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secy / Pres
Stella A. Whitehurst
5743 Melaleuca Dr.
Holiday, Florida 34690

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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: Russell M. Whitehurst + Pres. + 4/27/98 (813) 939-1261

CP2E034 (10/97)