

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

FILED

**May 04 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 # P97000096438 (1)

1. Corporation Name
PAGET INSURANCE AGENCY, INC.



Principal Place of Business
**1415 ESAT PIEDMONT DRIVE
SUITE 2
TALLAHASSEE FL 32308**

Mailing Address
**1415 ESAT PIEDMONT DRIVE
SUITE 2
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1997

4. FEI Number
59-3480282

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 **1415 East Piedmont Dr.**
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 **P.O. Box 14075**
Suite, Apt. #, etc.
27
City & State
28 **Tallahassee, FL**
Zip
29 **32317-4075**
Country
30 **USA**

9. Name and Address of Current Registered Agent
**MILLER, TRAVIS L
106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301**

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HYNES, KEITH S	
STREET ADDRESS	5 PAMPAS LANE	
CITY-ST-ZIP	SMITHS PARISH BERMUDA FLOS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, JOHN D JR	
STREET ADDRESS	35 SKYLINE DR	
CITY-ST-ZIP	SMITHS PARISH BERMUDA FLO8	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICKER, ROBERT L	
STREET ADDRESS	1750 MARSTON PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIKER, WILLIAM L	
STREET ADDRESS	6 PAMPAS ROAD	
CITY-ST-ZIP	SMITH PARISH, BERMUDA FLO5	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANARD, JAMES N	
STREET ADDRESS	15 ARDSHEAL DRIVE	
CITY-ST-ZIP	PAGET BERMUDA PG06	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Chief Financial Officer
6.3 STREET ADDRESS	John D. McConnell
6.4 CITY-ST-ZIP	3275 Majestic Prince Trail Tallahassee, Florida 32308

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)