

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

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

10. Name and Address of New Registered Agent

MILLER, TRAVIS L  
106 EAST COLLEGE AVENUE  
SUITE 1200  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HYNES, KEITH S  
STREET ADDRESS 5 PAMPAS LANE  
CITY-ST-ZIP SMITHS PARISH BERMUDA FLO5

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME NICHOLS, JOHN D JR  
STREET ADDRESS 35 SKYLINE DR  
CITY-ST-ZIP SMITHS PARISH BERMUDA FLO8

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RICKER, ROBERT L  
STREET ADDRESS 1750 MARSTON PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32312

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RIKER, WILLIAM L  
STREET ADDRESS 6 PAMPAS ROAD  
CITY-ST-ZIP SMITH PARISH, BERMUDA FLO5

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME STANARD, JAMES N  
STREET ADDRESS 15 ARDSHEAL DRIVE  
CITY-ST-ZIP PAGET BERMUDA PG06

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME Chief Financial Officer  
STREET ADDRESS John D. McConnell  
CITY-ST-ZIP 3275 Majestic Prince Trail  
Tallahassee, Florida 32308

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)