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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096438

1. Corporation Name

PAGET INSURANCE AGENCY, INC.

Principal Place of Business

1415 E PIEDMONT DR
SUITE 2
TALLAHASSEE FL 32308
US

Mailing Address

POB 14075
SUITE 2
TALL FL 32317
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3522 Thomasville Rd.

2a. Mailing Address

26 P O Box 13297

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 Suite 300

27

City & State

City & State

23 Tallahassee FL

28 Tallahassee FL

Zip Country USA

Zip Country USA

24 32312

25

29 32317-3297

30 USA

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE CFO
NAME MCCONNELL, J D
STREET ADDRESS 3275 MAJESTIC PRINCE TR
CITY-ST-ZIP TALL FL 32308

☐ DELETE

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

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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, with all other like empowered.

SIGNATURE:

Robert L. Ricker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

894-2777

CR2E034 (11/98)