


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

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000107250 (7)**  
 1. Corporation Name  
**PACIFIC RIM INSURANCE, INC.**



Principal Place of Business <b>2701 BRUCE STREET MATLACHA FL 33993</b>	Mailing Address <b>2701 BRUCE STREET MATLACHA FL 33993</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>12/22/1997</b>	
<b>4.</b> FEI Number <b>65-0800795</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CARBIENER, CHARLES F JR  
5245 BIG PINE WAY, STE 103  
FORT MYERS FL 33907**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>P/O Deborah A. Killen</b>
NAME	<b>ARMSTRONG, WILLIAM G</b>	1.2 NAME	<b>519 Sunset Circle</b>
STREET ADDRESS	<b>2701 BRUCE STREET</b>	1.3 STREET ADDRESS	<b>Franklin, KY, 42184</b>
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<b>S/O William R. Armstrong</b>
NAME		2.2 NAME	<b>2618 Fairmont Ave</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Nagsmyrna Beach, FL, 32069</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<b>T/O Patricia A. Eaton</b>
NAME		3.2 NAME	<b>21771 Silver Meadow Lane</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Parker, CO, 80138</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<b>V/O Berguena A. Armstrong</b>
NAME		4.2 NAME	<b>3620 Oxford Rd.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Roxboro, N.C., 27573</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<b>M/O William G. Armstrong</b>
NAME		5.2 NAME	<b>2701 Bruce St</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Matlacha, FL, 33993</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)