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03-04-1999 90229 043 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000107250

1. Corporation Name  
**PACIFIC RIM INSURANCE, INC.**



Principal Place of Business  
 2701 BRUCE STREET  
 MATLACHA FL 33993

Mailing Address  
 2701 BRUCE STREET  
 MATLACHA FL 33993

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number

65-0800795

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

William G. Armstrong

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

2701 Bruce Street

83

Matlacha

84 City

Matlacha

FL

85 Zip Code  
 33993

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 607.0605, Florida Statutes.

SIGNATURE William G. Armstrong

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME KILLEN, DEBORAH A  
 STREET ADDRESS 519 SUNSET CIR  
 CITY-ST-ZIP FRANKLIN KY 42134

1.1 TITLE V/D  Change  Addition  
 1.2 NAME Killen, Deborah A  
 1.3 STREET ADDRESS 519 Sunset Cir  
 1.4 CITY-ST-ZIP Franklin, KY., 42134

TITLE SD  DELETE  
 NAME ARMSTRONG, WILLIAM R  
 STREET ADDRESS 2618 FAIRMONT AVE  
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32069

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME EATON, PATRICIA A  
 STREET ADDRESS 21771 SILVER MEADOW LN  
 CITY-ST-ZIP PARKER CO 80138

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME ARMSTRONG, BERGUENE, A  
 STREET ADDRESS 3620 OXFORD RD  
 CITY-ST-ZIP ROXBORO N 27573

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE MP  DELETE  
 NAME ARMSTRONG, WILLIAM G  
 STREET ADDRESS 2701 BRUCE ST  
 CITY-ST-ZIP MATLACHA FL 33993

5.1 TITLE P/D/C/T/S/  Change  Addition  
 5.2 NAME Armstrong, William G.  
 5.3 STREET ADDRESS 2701 Bruce St  
 5.4 CITY-ST-ZIP Matlacha, FL., 33993

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*[Signature]*

William G. Armstrong P/D/C/T/S/

Date

2/10/99 941 2836053

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)