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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

3. Date Incorporated or Qualified 12/22/1997
4. FEI Number 65-0800795 Applied For Not Applicable
5. Certificate of Status Desired X \$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 X

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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
81 Name William G. Armstrong
82 Street Address (P.O. Box Number is Not Acceptable) 2701 Bruce Street
83 City 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 DATE 2/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD KILLEN, DEBORAH A; SD ARMSTRONG, WILLIAM R; TD EATON, PATRICIA A; VD ARMSTRONG, BERGUENE, A; MP ARMSTRONG, WILLIAM G.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include V/D Killen, Deborah A; Armstrong, William G.

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: William G. Armstrong P/D/C/T/S/ DATE 2/10/99 941 283 6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)