

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90229 043 ***158.75

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

☒

\$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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☒ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 941 283 6053

CR2E034 (1/1/98)

0453706