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GREAT FLORIDA INSURANCE OF PASCO, INC. OI OCT - I PM 2: 37 Phracipal Place of Business Mailing Address Park U.S. Modeway 19 PORT ROPE R. 3668 DO NOT WRITE IN THIS SPACE OO NOT WRITE IN THIS S				7	FILED	0100828
2. Principal Place of Business	1. Entity Name		\int_{Ω}	0100	T-1 PM 2:	37
SUBS, Apt. 8, etc. Suite, Apt	9734 U.S. HIGHWAY 19	8734 U.S. HIGHWAY 19				ATE IIDA
City & State City & State City & State Country Countr	Principal Place of Business	3. Mailing Address				
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent T. Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Fig. 2p Code The above named onthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. CIGNATURE The above named onthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. CIGNATURE The above named onthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ADD TO STATE Registered Agent of the Florida in Addition of the Florida in Back	Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	DO NOT WRITE IN TH	IS SPACE	
E. Name and Address of Current Registered Agent E. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Debts T.	City & State	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3527766		ple
MISHLER, WILLIAM R STRET ADDRESS TOTAL U.S. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) TOLY FL Zp Code Toly The story or present asks at injury subtries this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. Signature Boyunan, typed or present asks at injuryoble popular and injuryoble popula			Country	- 5:2 Certificate of Status Desired		─
STREET ADDRESS Street Address (P.O. Box Number is Not Acceptable)	÷	legistered Agent	Name			7 111
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City			Street Address	(P.O. Box Number is Not Acceptable)		-
The showe named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. GNATURE	PORT RICHEY FL 34688					
IGNATURE Separate typed or primed name of registered agent and site il ageicable. ONCE Registered Agent signature registed when reintracency) DATE				F	Zip Code	
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Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. \$5.00 May Be Added to Fees	IGNATURE Signature, typed or printed name of registered agent as	nd title il applicable. (NOTE: Reg	gistered Agent signature required	d when reinstating) DATE	<u> </u>	
TILE	Tax filing requirement and elects to do so.	After September 12, 20	001 Fee will be \$750.	.00 Trust Fund Contribution	\$5.00 May Be Added to Fees	
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1. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under celts; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empoyered.	I hereby certify that the information supplied with the indicated on this report or supplemental report is triple of the corporation or the receiver or trustee emocy.	nis filing does not qualify for the crue and accurate and that my secret the capacity as a	evernation stated in Sov	clion 119.07(3)(i), Florida Statutes. I further cr ame legal effect as if made under oath; that i , Florida Statutes; and that my name appears	ertify that the information I am an officer or director in Block 11 or Block 12 if	
SIGNATURE: SIGILAS INCLUSION 9-6-01 727-944-72 P3 SIGNATURE AND TWEET ON PENTED NAME OF SIGNING OFFICER OR BURECTOR DES DEPORT PROPERTY.		NTED NAME OF SIGNING OFFICER OR DU	AECTUR .	9-6-01 727-	844-72-83 Daving Proms •	

1 Hackment 979883 Doc. # 19.8000018683

GREAT FLORIDA INSURANCE

8734 US 19 Port Richey, FL 34668 (727) 844-7283 Voice (727) 846-8714 Fax bill@greatflorida.com

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL-32314

I received the enclosed filing request. I never received the one that was due in May -2001. My wife, who is the company treasurer and who usually handles these items, has been ill for most of the year. She has no recollection of the first notice.

I have enclosed a check for \$150.00.

Please contact me if you have any questions.

Sincerely,

Bill Mishler

Thursday, September 06, 2001