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

SIGNATURE

Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S23870 (6)MARK A. REYNOLDS INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 1850 BOY SCOUT DR 1850 BOY SCOUT DR SUITE 103 SUITE 103 DO NOT WRITE IN THIS SPACE FT MYERS FL 33907 FT MYERS FL 33907 3. Date Incorporated or Qualified 01/10/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0237539 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 REYNOLDS, MARK A. 1850 BOY SCOUT DRIVE, SUITE 103 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33907 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 05:02 and 607,15:08, 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) OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change Addition NAME REYNOLDS, MARK A 1.2 NAME 1850 BOYSCOUT DR. #103 STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 2.1 TITLE NAME REYNOLDS, MARK A 2.2 NAME STREET ADDRESS 1850 BOYSCOUT DR., #103 2.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE Addition TITLE 3.1 TITLE Change REYNOLDS, ANITA J NAME 3.2 NAME 1850 BOYSCOUT DR. #103 STREET ADDRESS 3.3 STREET ADORESS FT MYERS FL CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TiTLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DECETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 of the receiver or true of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpo Block 12 or Block 13 if charge

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