

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07127 (6)
1. Corporation Name
EXPRESSWAY INSURANCE AGENCIES OF CENTRAL FL., IN
C.



Principal Place of Business
5005 E. COLONIAL DR.
ORLANDO FL 32803

Mailing Address
P.O. BOX 149166
ORLANDO FL 32814-9166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7217 E. Colonial Dr.
Suite, Apt. #, etc.
22 112
City & State
23 ORLANDO FL
Zip
24 32807 Country
25 Orange

2a. Mailing Address
26 7217 E. Colonial Dr.
Suite, Apt. #, etc.
27 112
City & State
28 ORLANDO FL
Zip
29 32807 Country
30 Orange

3. Date Incorporated or Qualified
01/15/1992

4. FEI Number
59-3103408

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HAWKINS, PAUL C.
5005 E. COLONIAL DR.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7217 E. Colonial Dr.

83 Suite 112

84 City ORLANDO FL 85 Zip Code 32807

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HAWKINS, PAUL C.	5005 E. COLONIAL DR.	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		7217 E. Colonial Dr. Ste 112	ORLANDO FL 32807	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Paul C. Hawkins 4/10/98 407-380-0000

CR2E034 (10/97)