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

Mailing Address

3730 BEACH BLVD

PO BOX 5788

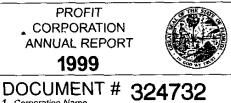
PROFIT _ CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Business

3730 BEACH BLVD



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 90146 025 ***150.00

DEMETREE, LONG, BUTLER INSURANCE, INC.	
	_

PO BOX 5788 JACKSONVILLE FL 32247-5788		PO BOX 5788 JACKSONVILLE FL 32247-5788			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 01/04/1968			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26			59-1199205	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 5. Certificate of Status Desired		Additional	
22		27					equired	
City & State	e	City & State			6. Election Campaign Financing		May Be	
23		28	Coun		Trust Fund Contribution		to Fees	
Zip	Country	Zip		itry	8. This corporation owes the current year Intang	ible Yes	□No	
24	25		30		Personal Property Tax. 10. Name and Address of New Registered Age			
	9. Name and Address of Curre	ant Registered Agent		81 Name	To. Hame and Address of New Registerod Age	-		
LYO	n, Jonathan R.							
3730 BEACH BLVD.			- [82 Street Address (P.O. Box Number is Not Acceptable)				
	KSONVILLE FL 32207		-	83				
Ţ, 10 i	· · · · · · · · · · · · · · · · · · ·		- 1					
				84 City	EI E	35 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the ab	ove-named cor	poration submits this statement for the purpose of cha ion's board of directors. I hereby accept the appointm	inging its	registered	
office or re agent, 1 a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was aut actions of, Section 607.0505, Florid	thorized Ida Statui	by the corporat tes.	tion's board of directors. I hereby accept the appointment	ent as re	egisterea	
-		,						
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: F	Registered A	Agent signature requir				
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	V	☐ DELETE	1.1 TITL	E .] Change	☐ Addition	
NAME	BENWICK, BRIAN		1.2 NAM	ME				
STREET ADDRESS	9455 LITA RD., W.		1.3 STR	REET ADDRESS			,	
CITY-ST-ZIP	JACKSONVILLE FL		14 CIT	Y-ST-ZIP				
TITLE	STD	☐ DELETE	2.1 TITU	E] Change	☐ Addition	
NAME	DEMETREE, JACK C		22 NA	WE	•			
STREET ADDRESS	3918 ALHAMBRA DRIVE		2.3 STR	REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2 4 CIT	Y-ST-ZIP				
TITLE	PD	☐ DELETE	3.1 TITL	.E] Change	Addition	
NAME	LYON, JONATHAN R.		3.2 NAA	ME				
STREET ADDRESS	1837 SEA OATS DR.		3.3 STR	REET ADDRESS				
CITY-ST-ZIP	ATLANTIC BEACH FL		3.4. CIT	Y-ST-ZIP				
TITLE	V	☐ DELETE	4.1 7171	Æ] Change	Addition	
NAME	PORTER, SHARON D.		4. 2 NA	ME				
STREET ADDRESS	1066 GLEN ECHO DR.		4.3 STF	REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 mm] Change	☐ Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STR	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	.E		Change	Addition	
NAME			6.2 NAM	ME				
STREET ADDRESS			6.3 STR	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
UHT-51-702 1								

14. 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR MIRECTOR

904398 5656