-NONÉROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 703321**

1. Corporation Name

PINELLAS ASSOCIATION OF INSURANCE AGENTS, INC.

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90112 046 ****70.00

97088 - 90112 - 46 *

ı						
Principal Place of Business Mailing Address					-	
1543 S. HIGHLAND AVE. 154 #273 #2			1543 S. HIGHLAND AVE. #273 CLEARWATER FL 33756			
						\
2. Principal F	Place of Business	2a.	Mailing Address			Date Incorporated or Qualifed
21	igas or Basilloss	26				12/13/1961
Suite, Apt.	#, etc.	20	Suite, Apt. #, etc.			4. FEI Number Applied For
22			27			59-1966136 Not Applicable
City & State			City & State			5. Certificate of Status Desired XX - \$8.75 Additional
23		28				ree Requied
Zip	Country	\vdash	Zip	Country	1	6. Election Campaign Financing \$5.00 May Be
24	25	29	30	<u> </u>		Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Kegis	tieren Wästir	81	Name	
BLANCHARD, GEORGE F.				82	Street A	Address (P.O. Box Number is Not Acceptable)
1543 S. HIGHLAND AVE.						-
#273	TED EL 22756					as 7'o Codo
CLEARWA	ATER FL 33756			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 initially with, and accept the obligations of section 617.0503, Florida Statutes. SIGNATURE George F. Blanchard, Executive Director 1–6–99 Signature, pregion of philed names of registered agent and titloff applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS A	AND DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		₹ DELETE	1.1 TITLE	D	Scott B. Gramling Change Anddition
NAME	RICE, JACK J			1.2 NAME		3810 16th Street North
STREET ADDRESS	10000 COCIII DELCIILII IIO	V D	=		TADDRESS	St. Petersburg, Florida 33703
CITY-ST-ZIP	LARGO FL			1.4 CITY-S 2.1 TITLE	T-ZIP	☐ Change ☐ Addition
TITLE	D		C) DELETE	2.1 TILE		- Sittings
NAME	WASSON, CHARLES				TADDRESS	
STREET ADDRESS	11309 STARKEY ROAD LARGO FL			2.4 CITY-1	F	
CITY-ST-ZIP TITLE	D LARGO PL		☐ DELETE .	3.1 TITLE	D	XXChange Addition
NAME	PORTER, NANCYE			3.2 NAME		Nancye E. Porter
STREET ADDRESS	I	Ε		3.3 STREE	TADDRESS	
CITY-ST-ZIP	CLEARWATER FL			3.4. CITY-	ST-ZIP	Clearwater Florida 33756
TITLE			☐ DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME	1	
STREET ADDRESS				4.3 STREE	TADDRESS	,
CITY-ST-ZIP			D DELETE	4.4 CITY-S	T-Z/P	☐ Change ☐ Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME		Li Change Li Addition
NAME			;		TADDRESS	
STREET ADDRESS	5			5.4 CITY-S		
CITY-ST-ZIP TITLE			☐ OELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS	,				T ADDRESS	;

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an affactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF

797-522-7777