


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90037 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 706068 ✓		
1. Corporation Name INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, I NC.		
Principal Place of Business P.O. BOX 16607 TAMPA FL 33687	Mailing Address P.O. BOX 16607 TAMPA FL 33687	



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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/22/1963
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6139291
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
24 Zip	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MATTOX, PAMELA 1732 ELISE MARIE DR SEFFNER FL 33584		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS KANE RICHARD, W <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2828 E BEARSS AVE	1.2 NAME	
STREET ADDRESS	TAMPA FL 33613	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD PS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, STUART	2.2 NAME	
STREET ADDRESS	5005 W. LAUREL ST., ST. 214	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, COLLEEN	3.2 NAME	
STREET ADDRESS	601 BAYSHORE BLVD, ST. 750	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, RICK JR	4.2 NAME	
STREET ADDRESS	400 N. TAMPA ST., ST. 1900	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwight Wilson	5.2 NAME	
STREET ADDRESS	101 S. Franklin St. #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33602	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Orey	6.2 NAME	
STREET ADDRESS	311 Park Place Blvd. #400	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **8/13/99** DAYTIME PHONE #: **813-288-1000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Patricia Orey, President**

CR2E037 (5/99)