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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H02446

YOUNGER INSURANCE, INC.

Dringing Diago	of Pusiness	M	Mailing Address				1 100.00	• • • • • • • • • • • • • • • • • • • •			
Principal Place			-	ADD							
237 HUNT CLUB BOULEVARD			237 HUNT CLUB BOULEVARD SUITE 201								
SUITE 201 LONGWOOD FL 32779			LONGWOOD FL 32779				DO NOT WRITE	IN THIS S	SPACE		
US			US				3. Date Incorporated or Qualifed				
		•					05/04/1984				
2 Principal D	lace of Business	20	Mailing Address				4. FEI Number		77	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible Yes No Jent 85 Zip Code langing its registered ment as registered	
<u> </u>	IACE OF DUSIFIESS	26	,aming radioos				59-2419397		-		
Suite, Apt.	# oto	26	Suite, Apt. #, etc.				00 2110001				
— · · ·	#, etc.	27	Oute, Apt. #, oto.				5. Certifcate of Status Desired		•		
City & State		- 2/	City & State		—		6. Election Campaign Financing		\$5.0	Nav Be	
¬ ′	e		ony a orane				Trust Fund Contribution		•	•	
23	Country	28	Zip	Col	ıntry		8. This corporation owes the curren	t vear Inta			
Zip	- 1	-	Zip				Personal Property Tax.		Yes	⊠No	
24	25	29	-4	30	_		10. Name and Address of New Re				
	9. Name and Address of Curre	mt Kegis	stereu Agent		81	Name	10. Haine dila Adarosa di Itali Ita	p. 3.0, 04 r			
YOU	INGER, RONALD E.				.	1101110					
237 HUNT CLUB BOULEVARD					82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		_	
					-						
SUITE 201 LONGWOOD FL 32779					83	1					
LUN	GWOOD FL 32//8				84	City			85 Z	p Code	
					1	'		_FL		·	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	607.1508, Florida Statu	ites, the a	bov	e-named corp	oration submits this statement for the p	urpose of o	changing	its registered	
office or r	egistered agent, or both, in the State of familiar with, and accept the oblig	e of Florid	da. Such change was	authorize	d by	the corporation	on's board of directors. I hereby accept	me appoin	unent as	Logister ou	
=			, , , , , , , _								
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOT	E: Registered	1 Ager	nt signature require	d when reinstating)	DÂTE			
12.	OFFICERS A			13.	_		ADDITIONS/CHANGES TO OFF	CERS AN			
TITLE	S		☐ DELETE	1.1 T	TLE				☐ Chan	ge 🗌 Addition	
NAME	YOUNGER, LOIS E.			1.2 N	AME						
STREET ADDRESS	ANT LIGHT CLUB BLVD CINT	E 201		1.3 S	TREE	TADDRESS					
	LONGWOOD FL 32779					T-ZIP					
CITY-ST-ZIP	ρ		☐ DELETE	2.1 T	_				Chang	ge 🔲 Additio	
	YOUNGER, RONALD E.			2.2 N		'					
NAME	ANT MUNITIONED BLUE CHE	E 201				T 4000500					
STREET ADDRESS		C 201				TADORESS					
CITY-ST-ZIP	LONGWOOD FL 32779					ST-ZIP			Chan	re □ Addito	
TITLE				3.1 T	ITLE					le Flyndillo	
NAME				3.2 N	AME						
STREET ADDRESS				33S	TREE	TADDRESS					
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NAME				4.21	NAME						
STREET ADDRESS				4.3 S	TREE	T ADDRESS					
						ST-ZIP					
CITY-ST-ZIP			☐ DELETE	5.1 T		,, (1)			Chan	ge Additio	
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NAME				1		T ADDRESS					
STREET ADDRESS	1			li li							
CITY-ST-ZIP						ST-ZIP			Chan	DA Additio	
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NAME	ĺ			6.2 №	IAME						
STREET ADDRESS	.			6.3 S	TREE	TADDRESS					
	1			1		ST. 7IP					

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90014 023 ***150.00