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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90043 044 ***150.00



Corporation Name VANALLEN-CLIFFORD INSI	URANCE AGENCY, INC.				
rincipal Place of Business	Mailing Address				-
/O LINDA C. VANALLEN 117 N. SEMINOLE AVENUE 13 N. SEMINOLE AVENUE 14 N. SEMINOLE AVENUE			DO NOT WRITE IN	TUIS SPACE	
			·	THIS SPACE	
IVERNESS FL 34450	US US		3. Date Incorporated or Qualifed		. [
\$			01/08/1990	Applied	For g
The of Business	2a. Mailing Address		4. FEI Number	Not Ap	plicable
. Principal Place of Business	26		59-2992644	\$8.75 Addi	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requir	ed
Julie, Apr. 47, 515.	27		6. Election Campaign Financing	\$5.00 May	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to F	ees
	28	Country	8. This corporation owes the current	year Intangible	
Zip Count		30	Personal Property Tax.	<u> </u>	No
7 25	Z3	<u> </u>	10. Name and Address of New Regi	stered Agent	
9. Name and Addr	ess of Current Registered Agent	81 Name			
		00 00-01 0-1	dress (P.O. Box Number is Not Acceptable)	· -
VANALLEN, LINDA C.	AVENUIE	82 Street Ad	gress (1.0. Box 1		1 0 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
117 NORTH SEMINOLE	AVENUL	83		24.两位约2	
INVERNESS FL 34450	• •	·		85 Zip Coo	de
		84 City		<u>FL</u>	pictored
			the pulled this statement for the pulled	rpose of changing its re	stered
At Descript to the provisions of Se	ections 607.0502 and 607.1508, Florida Statute	es, the above-named cu athorized by the corpora	ation's board of directors. I hereby accept the	ne appointment as regio)
agent: I am ramidar with and	ccept the obligations of, Section 607.0505, Fior	IQA Otaloloo.		DATÉ	
agent: I am familiar with, and a	ccept the obligations of, Section 607.0305, From	es, the above-named of the corporation of the corpo	·	DATE CERS AND DIRECTOR	S IN 12
office of registered agont, and at agent. I am familiar with, and at SIGNATURE Signature, typed or printed no.	comment of registered agent and title if applicable. OFFICERS AND DIRECTORS	Registered Agent signature req		DATÉ	
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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 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 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 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 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 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 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 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 indicated on this annual report of the corporation or the section of the corporation or the section of the corporation or the section of the corporation of the corporation or the section of the corporation o

SIGNATURE: