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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000097293

1. Corporation Name

ABSHIER INSURANCE AGENCY, INC.

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e of Business	Mailing Address					
6006 SE ABSHIER BLVD P.O. BOX 640						
34420	BELLEVIEW FL 34421	BELLEVIEW FL 34421				
	US				THIS SPACE	
				•		
				12/20/1995		
lace of Business	2a. Mailing Address			4. FEI Number	Api	plied For
	26			65-0640849	No	t Applicable
#. etc.					\$8.75	dditional
,	27			5. Certificate of Status Desired	Fee Re	
e	City & State			6. Election Campaign Financing	\$5,00	May Be
	28			Trust Fund Contribution	Added to	
Country	Zip	Coun	ry	8. This corporation owes the current y	ear Intangible	
25	29	5		Personal Property Tax.	☐ Yes	□No
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent	
			11 Name			
HIER, ROY E		1				
			Street Addr	ess (P.O. Box Number is Not Acceptable)		
		-	-			
CEVIEW 16 04420		1	131			Ī
			4 City		85 Zip C	ode
to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the ab	ove-named corp	oration submits this statement for the purp	ose of changing its	registered
egistered agent, or both, in the State	of Florida. Such change was autr	torized a Statu	by the corporations	on's board of directors. I hereby accept the	appointment as ret	Jistereu
in lamina with and docopt the conga	(101/3 01, 2000011 007/0000, 1 75/12		.			
Signature, typed or proted name of registered ager	nt and title if applicable. (NOTE: Re	egistered A	gent signature require	d when reinstating) D	ATE	
	 	13.	· _ · _ · _ ·		RS AND DIRECTO	RS IN 12
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6006 SE ABSHIER BLVD		0.2.078				Į.
Belleview fl		2.3 5 1	EET ADDRESS			
		1	-ST-ZIP			
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-	☐ DELETE	2. 4 CIT 3.1 TITL	/-ST-ZIP		☐ Change	☐ Addition
LOU L. ABSHIER	☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP E		☐ Change	☐ Addition
LOU L. ABSHIER 6006 SE ABSHIER BLVD	☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST-ZIP E EET ADDRESS		☐ Change	☐ Addition
LOU L. ABSHIER	_	2. 4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	/-ST-ZIP E E EET ADDRESS /-ST-ZIP			
LOU L. ABSHIER 6006 SE ABSHIER BLVD	☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	-ST-ZIP E E EET ADDRESSST-ZIP E		☐ Change	Addition
LOU L. ABSHIER 6006 SE ABSHIER BLVD	_	2. 4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	-ST-ZIP E E EET ADDRESSST-ZIP E			
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LOU L. ABSHIER 6006 SE ABSHIER BLVD	_	2. 4 CIT 3.1 TITU 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITU 4.2 NAM 4.3 STR	/-ST-ZIP E E EET ADDRESS /-ST-ZIP E			☐ Addition
LOU L. ABSHIER 6006 SE ABSHIER BLVD	_	2. 4 CIT 3.1 TITU 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITU 4.2 NAM 4.3 STR	-ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP			
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LOU L. ABSHIER 6006 SE ABSHIER BLVD	☐ DELETE	2. 4 CIT 3.1 TITU 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAM	/-ST-ZIP E EET ADDRESS /-ST-ZIP E IE EET ADDRESS -ST-ZIP E		☐ Change	☐ Addition
LOU L. ABSHIER 6006 SE ABSHIER BLVD	☐ DELETE	2. 4 CIT 3.1 TITU 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAM 5.3 STR	-ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS EET ADDRESS EET ADDRESS		☐ Change	☐ Addition
LOU L. ABSHIER 6006 SE ABSHIER BLVD	☐ DELETE	2. 4 CIT 3.1 TITU 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAM 5.3 STR	-ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EST-ZIP EST-ZIP		☐ Change	☐ Addition
	Country 25 9. Name and Address of Current HIER, ROY E S SE ABSHIER BLVD LEVIEW FL 34420 to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AN O ABSHIER, ROY E 6006 SE ABSHIER BLVD BELLEVIEW FL 34420 V EMERY A ABSHIER	P.O. BOX 640 BELLEVIEW FL 34421 US Bace of Business Za. Mailing Address Z6 #, etc. Suite, Apt. #, etc. City & State Z8 Country Zip Z5 Z9 3. Name and Address of Current Registered Agent HIER, ROY E SE ABSHIER BLVD LEVIEW FL 34420 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florid Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS OABSHIER, ROY E 6006 SE ABSHIER BLVD BELLEVIEW FL 34420 V DELETE DELETE MERRY A ABSHIER	ER BLVD 34420 P.O. BOX 640 BELLEVIEW FL 34421 US Bace of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. City & State 28 Country Zip Country Zip Country Zip Country Signature, Speak agent, or both, in the State of Florida. Such change was authorized by m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, Speak or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS OABSHIER, ROY E 6006 SE ABSHIER BLVD BELLEVIEW FL 34420 V DELETE 1.1 TITLE 1.3 STR. 1.3 STR. 1.3 STR. 1.3 STR. 1.4 CITY 1.4 CITY 1.4 CITY 1.5 DELETE 1.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.2 NAM 1.3 STR. 3.4 CITY 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.2 NAM 4.1 CITY 4.1 TITLE 4	P.O. BOX 640 BELLEVIEW FL 34421 US Suite	Mailing Address ER BLVD 34420 BELLEVIEW FL 34421 US DO NOT WRITE IN 3. Date Incorporated or Qualified 12/20/1995 4. FEI Number 65-0640849 #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Country Zip Country Zip Country Zip Country Sis BEABSHIER BLVD BS EABSHIER BLVD EVIEW FL 34420 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B4 City Cothe purposition of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpositistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the mainlifer with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, pped or printed name of registered agent and life if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE D ABSHIER, ROY E 12. NAME 12. NAME 13. STREET ADDRESS 14. CITY. ADDITIONS/CHANGES TO OFFICE D ABSHIER BLVD BELLEVIEW FL 34420 D DELETE 11. TITLE 12. NAME 14. CITY. ST. ZIP D DELETE 21. TITLE 14. CITY. ST. ZIP D DELETE 21. TITLE 21.	BELLEVIEW FL 34421 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1995 12/20

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 ctrafged, ogon an aparticipment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP