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FILED
Jan 21, 1999 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 493109

1. Corporation Name

HUGH HARLESS INSURANCE, INC.

Principal Place of Business

**3713 DALE AVENUE
TAMPA FL 33609**

Mailing Address

**3713 DALE AVENUE
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1975

4. FEI Number

59-1638850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22. City & State

23. Zip Country

24 **25**

2a. Mailing Address

26
Suite, Apt. #, etc.

27. City & State

28. Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**HARLESS, HUGH
4924 BAY WAY PLACE
TAMPA FL 33609**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD HARLESS, HUGH**
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **SD HARLESS, CORA**
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **PD HARLESS, HUGH**
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **PD HARLESS, HUGH**
STREET ADDRESS **4924 BAY WAY PLACE**
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TITLE ☐ DELETE

NAME **PD HARLESS, HUGH**
STREET ADDRESS **4924 BAY WAY PLACE**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

SIGNATURE REQUIRED 1/6/99

Date

Daytime Phone #

CR2E034 (11/98)