

FILED
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Secretary of State

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FILE NOW. FILING FEE AFTER MAY 15 IS \$500.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H70011

1. Corporation Name

A FLORIDA INSURANCE AGENCY OF NORTH FLORIDA, INC

Principal Place of Business

% SYLVIA ELAINE ELLIOTT
430 BRYN ATHYN
MARY ESTHER FL 32569

Mailing Address

P.O. BOX 991
NICEVILLE FL 32588

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1985

4. FEI Number

59-2612312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

ELLIOTT, SYLVIA ELAINE
430 BRYN ATHYN
MARY ESTHER FL 32569

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
ELLIOTT, ROGER HUGHES
719 ST ROSE COVE
NICEVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

O
ELLIOTT, SYLVIA ELAINE
719 ST ROSE COVE
NICEVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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13.

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 115.07(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: *Clarence B. Elliott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-99 85089973856
Date Daytime Phone

CR2E034 (1/98)