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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90061 049 ***150.00

DOCUMENT # 126191

DESOTO	INSURANCE AGENCY INC					
Principal Place	of Business	Mailing Address				AII BIBII IBDI
104 SOUTH POLK PO BOX 880 PO BOX 880 104 SOUTH POLK ARCADIA FL 34266 ARCADIA FL 34265 US US			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 12/31/1932	SPACE		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		59-0218850	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Ac	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N	
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible	
24	25	29 3	0	Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	04 5)	10. Name and Address of New Registered	Agent	
AMBLER, LEWIS J 104 SOUTH POLK		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)			
ARC	ADIA FL 34266		83	,		
			84 City	FL	85 Zip Co	ode
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	norized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its r ntment as reg	egistered istered
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered agen	of Flonda, Such change was autitions of, Section 607.0505, Floric	norized by the corporati la Statutes. egistered Agent signature require	on's poard of directors. Thereby accept the appoint		
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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 indicated on this annual report or supplemental annual report is tole 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 atterprise with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition