

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90042 026 ***150.00

DOCUMENT # 299165

1. Corporation Name

FERMAN INSURANCE AGENCY, INC.

Principal Place of Business

P.O. BOX 1321
TAMPA FL 33601

Mailing Address

P.O. BOX 1321
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1965

4. FEI Number

59-1259236

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 1306 W Kennedy Blvd

2a. Mailing Address

26 1306 W Kennedy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip Country

24 33606-1849 **25**

Zip Country

29 33606-1849 **30**

9. Name and Address of Current Registered Agent

STRASKE, STEPHEN B II
1307 W. KENNEDY BLVD.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1306 W Kennedy Blvd

83

84 City Tampa

FL

85 Zip Code

33606-1849

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, 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 VPST ☐ DELETE

NAME STRASKE, STEPHEN B II
STREET ADDRESS 1307 W KENNEDY BLVD
CITY-STATE-ZIP TAMPA FL 33606

TITLE PD ☐ DELETE

NAME FERMAN JR, JAMES L
STREET ADDRESS 1307 W KENNEDY BLVD
CITY-STATE-ZIP TAMPA FL 33606

TITLE VPD ☐ DELETE

NAME FARRIOR, PRESTON L
STREET ADDRESS 1307 W KENNEDY BLVD.
CITY-STATE-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME FERMAN, CECILIA D.
STREET ADDRESS 1307 W KENNEDY BLVD.
CITY-STATE-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME JANICE F. STRASKE
STREET ADDRESS 1307 W KENNEDY BLVD
CITY-STATE-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME LAURA F. FARRIOR
STREET ADDRESS 1307 W KENNEDY BLVD.
CITY-STATE-ZIP TAMPA FL 33606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME James E Brakeman

1.3 STREET ADDRESS 1306 W Kennedy Blvd
1.4 CITY-STATE-ZIP Tampa, FL 33606-1849

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 a power like empowered.

SIGNATURE:

James E Brakeman

James E Brakeman 4/22/99 (813) 251-2765

Date

Daytime Phone #

CR2E034 (11/98)

0089634