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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 314303

(9)

ART JANES INSURANCE, INC.

FILED
May 06 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address										
602 US 41 SO P O BÓX 1128 RUSKIN FL 33570		22 AVE P O BOX 1128 RUSKIN FL 33570-1128								
US						 Date Incorporated or 03/01/1967 	Qualified	3a. Date of Las 04/24/199		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number 59-1204488			Applied For Not Applicab	
Suite, Apt.	#, etc.	~~~~	pt. #, etc.				· · · · · · · · · · · · · · · · · · ·	60.7	5 Additional	
22		27				5. Certificate of Status I	Desired L		Required	
City & Stat	θ	City & S	State			6. Election Campaign F		\$5.0	May Be	
Zip	Country	28	<u> </u>	Count	 	Trust Fund Contributi	·		o Fees	
24	25	29		30	· y	This corporation has Florida Statutes	liability for inta		rs. 199.032 _,	
<u> </u>	9. Name and Address of Curr		gent	1901		10. Name and Address				
JAI	NES,ARTHUR T			8	1 Name					
811 B BAHIA BEL SOL					2 Street	Address (P.O. Box Number is No	dress (P.O. Box Number is Not Acceptable)			
RU:	SKIN FL 33570							,		
				8	3					
				8	4 City			85 Z	p Code	
	to the provisions of Sections 607.09							FL		
agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obl	igations of, Section	1 607 0505, FI	lorida Statut	es P	M	4-	14-9	7	
12,	Signature, typidd or printed name of registered a OFLICERS A	ND DIRECTORS	(NO	1E Restored a	icol signature	pagetred when reinstating) ADDITIONS/CHANGE	S TO DESIGE	DATE S AND DIRECTO	ORS IN 12	
TITLE	PD		DELETE	111111		NDDITIONOJOTI WIGHT	D 70 OITTOET	☐ Chang		
NAME	JANES, ARTHUR T			1.7 NAM	E				·	
STREET ADDRESS	2207 8TH ST SW			1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	RUSKIN FL			1.4 CITY	- ST - ZIP					
TITLE	VS	į	DELETE	2.1 TITLE				∐ Chang	e [_] Additio	
NAME	JANES, ARTHUR W			2.2 NAM						
STREET ADDRESS	6006 FORTUNE PLACE APOLLO BCH FL			1	et address					
CITY-ST-ZIP TITLE	D APOLEO BOTT FE		DELETE	2.4 C(TY 3.1 T(T)				☐ Chang	e 🔲 Addilio	
NAME	JANES, REBECCA	•		3.2 NAM				ي د د د	- 1-4 11031111	
STREET ADDRESS	103 9TH ST. S.E.				ET ADDRESS					
CETY-ST-ZIP	RUSKIN FL			3.4. CITY	- \$1- ZIP					
TITLE			DELETE	4.1 1016				Chang	e 🔲 Addilio	
NAME				4.2 NAV	IE					
STREET ADDRESS					et address					
CITY-ST-ZIP			DELCTE.	4.4 C(1) Y				T 05		
TITLE NAME			DELFTE	5.1 TITLE				L Chang	e [_] Additio	
STREET ADDRESS				5 7 NAM						
CITY-ST-ZIP				5.3 S1Rt 5.4 C(1)	ET ADDRESS					
TITLE			DELETE	6.1 TITLE				☐ Chang	e Addilio	
NAME		,		6.2 NAM				Onling		
STREET ADDRESS					E1 ADDRESS					
CITY-ST-ZIP				6.4 C(1)						
	by partify that the information august	 		0.9 0111	V1 611					

I on nereoy certify that the information supplied with this filling 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.