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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 314303 ✓ (9)

1. Corporation Name
ART JANES INSURANCE, INC.

[redacted]

Principal Place of Business	Mailing Address
~~602 US 41 SO~~ ~~P O BOX 1128~~ RUSKIN FL 33570 ~~US~~	1517 B SUN CITY Center PLAZA ~~22 AVE~~ ~~P O BOX 1128~~ RUSKIN FL 33570 SUN CITY CENTER, FLA. 33573 Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SUN CITY Center PLAZA	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 03/01/1967	
Suite, Apt. #, etc. 22 1517 B	Suite, Apt. #, etc. 27 AS LOCATION	4. FEI Number 59-1204488	☐ Applied For ☐ Not Applicable
City & State 23 SUN CITY Center FLA.	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33573 / 25 HILLSB	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JANES,ARTHUR T 828 ~~811~~ B BAHIA BEL SOL RUSKIN FL 33570	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 A. T. Janes JR Pres 1-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JANES,ARTHUR T		1.2 NAME	
STREET ADDRESS	2207 8TH ST SW		1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JANES, ARTHUR W		2.2 NAME	
STREET ADDRESS	6006 FORTUNE PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JANES, REBECCA		3.2 NAME	
STREET ADDRESS	103 9TH ST. S.E.		3.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: A. T. Janes JR Pres 813-634-1919