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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 32407

(0)

FILED Feb 09 1998 8:00am Secretary of State

JOHN P. HUTH INSURANCE, INC.									
						- 1 Tabiba Xirid Jirif Albir dahil ilark 4781 Afair da	AN BIGH ANDI A'		
Data de al Dise		AA-WAAA							
Principal Place of Business Mailing Address								• • • • • • • • • • • • • • • • • • • •	
5203 GULF DRIVE 5203 GULF DRIVE HOLMES BEACH FL 34217 HOLMES BEACH FL 34217			17						
			, .			DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualified			
<u> </u>						12/12/1967			4
	lace of Business	2a. Mailing Address				4. FEI Number	Applied For Not Applicable		
Suite, Apt	# alo	Suite Apt. #, etc.				59-1201732		Not Applicable Additional	-
22		27				5. Certificate of Status Desired		Additional Required	
City & State		City & State				6. Election Campaign Financing		May Be	-
23		28				Trust Fund Contribution		or may be dito Fees	ŀ
Zip Country		Zip Country			8. This corporation owes or has paid the o			-	
24	25	29	30	-		Personal Property Tax due June 30.		□ No	
	9. Name and Address of Currer					10. Name and Address of New Registere	d Agent		
HU	TH, JOHN P			81	Name				
5203 GULF DRIVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			7
НО	LMES BEACH FL 33510								_
				83					
				84	City		85 Zip	Code	1
-11.5				Щ.,		F	_	9211	_
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was:	tes, the at authorized	oove-r d by t∤	named corpo ne corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	or cnanging opointment a	its registered is registered	1
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Stat	utes.					
SIGNATURE	Signature, typed or printed name of registered agr	and tille d particeble (NOT	E Pagierora	d Agent	ejoveture rozujiro	pd when reinstating) DATE			1.
12.	OFFICERS AN		13.	u Agoin		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	PRS IN 12	-] [-
TITLE	P	DELETE	1.1 10	TLE			Change	Addition	, ¢
NAME	HUTH, JOHN P		1.2 NA	AME					3
STREET ADDRESS	7019 18TH AVE DR NW		1.3 ST	REET AD	DORESS				8
CITY - ST - ZIP	BRADENTON FL		1.4 CI	TY-ST-Z	ZIP				_18
TITLE	V	☐ DELETÉ	2111	TLE			Change	Addition	٦
NAME	HUTH, WILLIAM H. C.		2.2 NA	ME	ĺ				1
STREET ADDRESS	7215-6TH AVE NW		2.3 STREE		DRESS				
CITY-ST-ZIP	BRADENTON FL			TY-ST-	ZIP	, <u>, , , , , , , , , , , , , , , , , , </u>			_
TITLE	\$	☐ DELETE	3.1 TIT				☐ Change	Addition	1
NAME	HUTH, BETTY LOU		3.2 NA						1
STREET ADDRESS	7019 18TH AVE DR NW			REET AD					[
CITY-ST-ZIP	BRADENTON FL	DELETE		TY-ST-	ZIP		Change	Addition	\perp
TITLE		T Detere	4.1 1/1				TT CHAIRE	Addition	1
NAME .			4. 2 NAME						
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP TITLE		DELETE		TY-\$1-2	ur		Change	Addition	Н
NAME			1	51 TITLE			C Change	CT MOURION	
STREET ADDRESS			5.2 NAME 5.3 STREET ADD		UDECC				
			5.4 CITY - S1		1				
CITY-ST-ZIP TITLE		DELETE	6.1 TH		ur .		Change	Addition	1
NAME			6.2 NA		1				
STREET ADDRESS				reet adi	DRESS				
CITY-ST-ZIP				TY-ST- <i>Z</i>					
CALL DITER			0.4 011		··				

14. Thereby 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.

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Tolar P. Hirth Persineur pilaglas 941-778-200