

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90107 015 ***150.00

DOCUMENT # 324071
 1. Entity Name
JOHN P. HUTH INSURANCE, INC.

Principal Place of Business Mailing Address
 7019 18TH AVE DR W 7019 18TH AVE DR NW
 BRADENTON FL 34209 BRADENTON FL 34209-1251
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
~~JOHN P. HUTH INSURANCE INC.
 Suite, Apt, Etc.
 5203 GULF DR
 HOLMES BEACH FL 34217
 City & State~~ ~~JOHN P. HUTH INSURANCE INC.
 Suite, Apt, Etc.
 5203 GULF DR
 HOLMES BEACH FL 34217
 City & State~~

4. FEI Number **59-1201732** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HUTH, JOHN P
7019 18TH AVE DR W
BRADENTON FL 34209

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HUTH, JOHN P | |
| STREET ADDRESS | 7019 18TH AVE DR NW | |
| CITY - ST - ZIP | BRADENTON FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HUTH, WILLIAM H. C. | |
| STREET ADDRESS | 7215-6TH AVE NW | |
| CITY - ST - ZIP | BRADENTON FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HUTH, BETTY LOU | |
| STREET ADDRESS | 7019 18TH AVE DR NW | |
| CITY - ST - ZIP | BRADENTON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X John P Huth**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-15-2000** Daytime Phone #: **941 7948202**

CF 1004-0000