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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90179 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 331114

1. Corporation Name

NAUGHTON INSURANCE SERVICES, INC.

Principal Place of Business

**2700 UNIVERSITY BLVD. W
BLDG B
JACKSONVILLE FL 32217
US**

Mailing Address

**P. O. BOX 10287
JACKSONVILLE FL 32247-0287
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1968

4. FEI Number

59-1212470

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**NAUGHTON, JAMES D., III
2700 UNIVERSITY BLVD W.
BLDG B
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name
Thomas P. Moran

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

111 N. Orange Avenue, Suite 1200

83 Suite 1200 Florida

84 City
Orlando,

FL

85 Zip Code
32801

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

Thomas P. Moran
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **NAUGHTON, JAMES D., III**
STREET ADDRESS **1045 OAK VALE RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **EVP** ☐ DELETE
NAME **DAVIS, JOHN**
STREET ADDRESS **716 NATURES HAMMOCK**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ DELETE
NAME **NAUGHTON, DAVID**
STREET ADDRESS **2000 CHEROKEE DRIVE**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **EVP/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VP/S/T/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VP/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **P/D** ☐ Change ☒ Addition
4.2 NAME **John Ritenour**
4.3 STREET ADDRESS **475 Longmeadow Lane**
4.4 CITY-ST-ZIP **Longwood, Florida 32779**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

402-288-3800
Daytime Phone #

CR2E034 (1/98)