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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am

Secretary of State

DOCUMENT #

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	NAPIER INSURANCE AGEI	NCY, INC.			211 221 222 222 214 222 222 222 222 222 222 222 222 222 222 222 222 222 22
Principal Place of Business Mailing Address					OLANY BARKI KADAN ONDAN ONDAN BARKIN KORA
1209 SAXON BLVDSTE.1 1209 SAXON BLVD		1209 SAXON BLVDSTI ORANGE CITY FL 3276		DO NOT WRITE II	N THIS SPACE
				3. Date Incorporated or Qualified	711100.7102
				07/01/1979	
2. Principal f	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-1924622	Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
NAPIER, HOBERT, JR.		81 Name			
	209 SAXON BLVD.,STE.1		82 Street	Address (P.O. Box Number is Not Acceptable)
O	RANGE CITY FL 32763-5402		83	,	
			~		
			84 City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida State	tes the shove-named	corporation submits this statement for the pur	
office or	registered agent, or both, in the State	of Florida Such change was	authorized by the corp	corporation submits this statement for the pur poration's board of directors. I hereby accept	the appointment as registered
i agent La	am familiar with, and accept the oblig-				
Ü	,	andria or, decitor cor.deco, i	Tonda Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·	TE Registered Agent signature	required when reinstaling)	DATE
Ü	Signature, typed or printed name of trigisterod age OFFICERS AN	ent and title if applicable (NC		required when reinstating) ADDITIONS/CHANGES TO OFFICE	
SIGNATURE		ent and title if applicable (NC	DTE Registered Agent signature		
SIGNATURE	OFFICERS AN	etil and title il applicable (NC D DIRECTORS	OTE Registered Agent signature		RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AN S NAPIER, KATHRYN B 1475 VOLTAIRE ST	etil and title il applicable (NC D DIRECTORS	TE Registered Agent signature 13. 11 TITLE		RS AND DIRECTORS IN 12
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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.

SIGNATURE

tobert Novem