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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90219 036 \*\*\*158.75

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1. Corporation Name

HOBIE NAPIER INSURANCE AGENCY, INC.

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Principal Place	e of Business	Mailing Address					1 (82118	#111 <b>#</b> 11#11 1###1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		118-11 0181		411 21411 1241
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<b>–</b>	lace of Business	<del></del>					59-1924				-	<del>- i - i '</del>	Applicable
Suite, Apt.	# ptc	Suite, Apt. #, etc				-					\$8		dditional
22	#, BiG.	27	•			1	5. Certifcate	of Status Desir	red			ee Re	
City & State	<u> </u>	City & State					6. Election Ca	empaion:Finar	ncina —			5-00-	May Be
23		28	•	_		ļ		Contribution					o Fees
Zip	Country	Zip	Co	untry			8. This corpor	ration owes the	e curre	nt year In	tangible	9	
24	25	29	30				Personal P	roperty Tax.			☐ Ye	s	□No
	9. Name and Address of Cu	rrent Registered Agent		$\Box$			10. Name and	Address of I	New R	egistered	Agent		
		•		81	Name								
	IER, HOBERT, JR.			82	Street	Address	s (P.O. Box Nu	mber is Not A	cceptal	ble)			
	SAXON BLVD.,STE.1									·			
ORA	NGE CITY FL 32763-5402			83									
				84	City	•					85	Zip C	ode
					•					FL	- 1	·	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida S	tatutes, the	above	-named	corpora	ation submits the s board of direc	is statement to tors. I hereby	or the p accept	ourpose o	f chang intmen	ing its t as rec	registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	.0502 and 607.1508, Florida S late of Florida. Such change v bligations of, Section 607.0505	tatutes, the las authorized, Florida Sta	above ed by t stutes.	-named the corp	corpora oration's	ation submits th s board of direc	is statement to ctors. I hereby	accep	ourpose o t the appo	f chang intmen	ing its t as reç	registered jistered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPORT OF DIRECTOR

4-15-99 904.755-04 Data Daytime Phone #