PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # F00392



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 012 ***150.00

HI IIH I	. COLE, III INSURANCE AG	FNCY, INC.						
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								018 018 188
Principal Plac	a of Business	Mailing Address				-{		010) 310 170
,		-				·		
8507 BUCCANEER SO 8507 BUCCANEER SO TAMPA FL 33615 TAMPA FL 33615								
TAMENTE GOOTS						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						10/01/1980		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				59-2049258		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22		27				3. Certificate of Status Desired	Fee F	Required
- City & Stat	e ·	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28			<u> </u>	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year in	tangible	
24	25	29	30			Personal Property Tax.	_ ☐ Yes	□No
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered	Agent	
COL	C DUILID 7 H)	81	Name)
COLE, PHILIP J III 8507 BUCCANEER SQUARE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	PA FL							
I AIVI	FAIL		1	83				\ \ \
			1	84	City		85 Zip	Code
						FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statul	tes, the ab	bove-i	named corpo	ration submits this statement for the purpose of i's board of directors, I hereby accept the appo	changing i	s registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statu	ites.		, o oom a o, an ootolo, , , , , , , , , , , , , , , , , , ,		
SIGNATURE								
	Signature, typed or printed name of registered age			Agent s	signature required			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1,1 717				Change	Addition
NAME	COLE, PHILIP J III		1.2 NA	ME	f			
STREET ADDRESS	10111 BENNINGTON DR		1.3 ST	REET A	NODRESS			
CITY-ST-ZiP	TAMPA FL			. CLL.	Į.			
TITLE		F1 7		TY-ST-2	ZIP			
NAME		DELETE	1.4 CIT 2.1 TITI	TY-ST-2	ZIP		☐ Change	Addition
STREET ADDRESS		☐ DELETE		1Y-S1-2 ILE	ZIP		☐ Change	Addition
		☐ DELETE	2.1 TITI 2.2 NA	TY-ST-2 TLE JME	ZIP NDORESS		Change	Addition
CITY-ST-ZIP	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		2.1 TITI 2.2 NAI 2.3 STF	TY-ST-2 TLE JME	DORESS .		. ••	
CITY-ST-ZIP	* *****	DELETE	2.1 TITI 2.2 NAI 2.3 STF	TY-ST-; TLE ME REET A TY-ST-	DORESS .		☐ Change	
	· · · · · ·		2.1 TITI 2.2 NAI 2.3 STF 2.4 Cf	TY-ST-I LE ME REET AI TY-ST- LE	DORESS .		. ••	
TITLE			2.1 TITI 2.2 NAI 2.3 STY 2.4 Cf 3.1 TITI 3.2 NAI	TY-ST-I LE ME REET A TY-ST- LE ME	DORESS .		. ••	
TITLE NAME		. DELETE	2.1 TITI 2.2 NAI 2.3 STF 2. 4 CII 3.1 TITI 3.2 NAI 3.3 STF	TY-ST-I LE ME REET A TY-ST- LE ME	DORESS		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		. DELETE	2.1 TITI 2.2 NAI 2.3 STF 2.4 Cf 3.1 TITI 3.2 NAI 3.3 STF 3.4 Cf 4.1 TITI 4.2 NAI	TY-ST-Z TLE ME REET AL TY-ST- LE REET AL TY-ST- LE	DORESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1 TITI 2.2 NAI 2.3 STI 2.4 CCI 3.1 TITI 3.2 NAI 3.3 STI 4.1 TITI 4.2 NAI 4.3 STI	TY-ST-Z TLE ME REET AL TY-ST- LE REET AL TY-ST- LE	ADORESS		☐ Change	Addition
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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 of supplier ental annual report of 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 required supplier ental annual report of trustee simple were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or an an adactment with all address, with all other like empowered.

SIGNATURE: