PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90103 042 ***150.00

DOCUMENT # F41865											
1. Corporation Name EVANS & SCARBORO INSURANCE, INC.											
EVAINO	K SUANDUNU INGUNANUL, I	1140.						E 2003/00 (11/2 E103) HARA HAHA BIJTA BIJTA BIJA BIJAK B			e ri 1 11 1
Principal Place of Business Mailing Address											
221 RUBY AVE 1319-N. MAIN STREET: SUITE 40					/O t						
SUITE A KISSIMMEE FL 34742-8119			PO BOX 421119 KISSIMMEE FL 34742-8119					DO NOT WRITE IN THIS SPACE			
US								3. Date Incorporated or Qualifed			
								08/18/1981			
2. Principal Pl	ace of Business	2a.	Mailing Address		_			4. FEI Number		Applied	
21			26 P. O - Box 42-1119					59-2115515	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired	7	7 Addice Require	
City & State			City & State					6. Election Campaign Financing		0 May	
23		28	RIA.					Trust Fund Contribution		d to Fee	
Zip	Country		Zip		untry			8. This corporation owes the current year Int	angible		
24	25	29	34742	30	20	Scale	<u>a_</u>	Personal Property Tax.	Yes	□N	0
	9. Name and Address of Current	Regist	ered Agent			T		10. Name and Address of New Registered	Agent		
F1/A8	NO DILLE				81	Name					
EVANS, BILL E. 500 WILL BARBER ROAD					82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)			
KISSIMMEE FL 34744				83							
, 1,100	INIMICE I E OT/TT				0.3	1					
					84	City		FL	85 Z	p Code	
11. Pursuant	to the provisions of Sections 607 0502	and 60	7.1508. Florida Statu	tes, the	abov	e-named o	corpoi	ention submits this statement for the purpose of	changing	its regis	tered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid:	 Such change was a 	authoriza	vd he	the corpo	ration	's board of directors. I hereby accept the appoi	ntment as	register	ed
l	in laminal with, and accept the congain	Ji 13 OI,	0600011 007.00005, 1 10	J 100 OIL	1000	,.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable. (NOT	E: Registere	ed Age	nt signature re	equired v	when reinstating) DATE			
12.	OFFICERS AND	DIRE		13				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	T		☐ DELETE		TITLE				Chang	le	Addition
NAME	EVANS, MARK E.				NAME						
STREET ADDRESS	500 WILL BARBER ROAD					T ADDRESS					1
CITY-ST-ZIP	KISSIMMEE FL DP		☐ DELETE	_	CITY-S TITLE	T-ZIP			Chang	ie [Addition
TITLE			LJ DELETE		NAME				<u></u>	_	
NAME	EVANS, BILL E 500 WILLBARBER RD					T ADDRESS					
STREET ADDRESS	KISSIMMEE, FL 00000			1	CITY-	ì		and the second second			-
TITLE	THOUGHHILL, I L VUUUU		☐ DELETE		TITLE				Chang	je 🗆	Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREE	TADDRESS					
CITY-ST-ZIP				3.4.	CITY-	ST-ZIP					2 4 1 1 1 1
TITLE			☐ DELETE	4.1	TITLE				Chang	e [Addition
NAME				4. 2	NAME						1
STREET ADDRESS				4.3	STREE	TADDRESS					
CITY-ST-ZIP			Cherere		CITY-S	ST-ZIP			☐ Chang	1e - [] Addition
TITLE			☐ DELETE		TITLE				□ cuali	,~ ∟	, Addison
NAME				1	NAME STREE	TADDRESS					
STREET ADDRESS					STREE CITY-S						1
CITY-ST-ZIP TITLE			☐ DELETE		TITLE	,,			Chang	je [] Addition
NAME				- 1	NAME]				_	
STREET ADDRESS						TADDRESS					

64 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. CITY-ST-ZIP

SIGNATURE: