FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

ROBEY-BARBER INSURANCE SERVICES CORPORATION

Annette Kok

Jon Paul

3965

SE VICE PRESIDENT

Ropols

F!

33629

3965 Henderson Blud.

SECRETACY/TREASURER

Mark Braverman

NAME STREET ADDRESS

TILE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address													
3965 HENDERSON BLVD. PO BOX 10100				3965 HENDERSON BLVD. PO BOX 10100									
TAMPA FL 33679				TAMPA FL 33679					DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified				
									05/28/1982				
	Principal Place of Business			2a	2a. Mailing Address				4. FEI Number		Ap	phed For	
21				26					59-2193675			t Applicable	
Suite, Apt #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22				27	4 7-1-1				5 , 55, 11, 54, 55, 54, 55, 55, 55, 55, 55, 55, 55		Fee Re	quired	
_	7			,	City & State				6. Election Campaign Financing			May Be	
23				28				···	Trust Fund Contribution	/	idded t	lo Fees	
_ 7	Zip		Country		Zip	h	ıntry	,	B. This corporation owes or has paid the cu	_ ′	-	_ ~	
24			25	29		30	· · · · · ·		, , , , , , , , , , , , , , , , , , , ,	∐ Ye		J No	
g. Name and Address of Current Registered Agent							ļ	·	10. Name and Address of New Registered	Agen	<u> </u>		
BARBER, TIMOTHY R 5221 CRESCENT DR							81	Name					
							82 Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33611							L						
							83						
							84	City			T Zin (Code	
							04	City	Fl	_ 85	Zip	Sode	
	office or r	egistered ac	ions of Sections 607.050; jent, or both, in the State th, and accept the obliga	of filori	da. Such change was	authorize	d by	y the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of char pointm	nging it ient as	s registered registered	
SIG	NATURE												
<u> </u>		Signature Typed	or profed name of regulerestage				d Age	ent signature requi	ired when reinstating) DATE		FOTOE	10 (4) 40	
12.		14014	OF ICERS AND	JUM	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN		hange	Addition	
		VPM	MANUEL MARKE		L_J OLLEIL					L ("Idiigo	Macillon	
NAMI			-MCNULTY, KAREN			1.2 N							
STRE	ET ADDRESS		RESCENT DR					ADORESS					
	-ST-ZIP		FL 00000		T on ere			57 - ZIP		 -7	· · · · · · · · · · · · · · · · · · ·	T I Addition	
TITLE		PCEO			TETE	2.1 TI				ш	Change	Addition	
NAMI	E		i, timothy r			22 N	AME.	İ					
STRE	ET AD DRESS		RESCENT DR			2.3 S	TREET	ADDRESS					
CITY	-ST-ZIP			2.40	. 4 CITY-ST-ZIP		S MANUEL CONTROL OF THE CONTROL OF T						
TITLE	:	SE VICE PRESIDENT DELETE 3:		3 1 TI	1 TITLE				Change	Addition			
NAMI	E	Bill				3.2 N	AME				,	•	
STRE	ET ADDRESS	2040	Raybrook SE			3.3 S	TREET	ADDRESS					
CITY	-ST-ZIP		d Rapids N	? ;	49546	34 0	my-s	ST-ZIP					
TITLE		VP	managan paris ninggar si		DELETE	4.1 11	ITLE				hange	Addition	

Tampa CITY-ST-ZIP 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 of the receiver or trustee on an analyse of the exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an addres.

4. 2 NAME

5.2 NAME

6.1 TITLE 6.2 NAME

4546

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY- \$1-ZIP

4.4 CITY - ST - ZIP

-04/20/98--01030--017

***450.00

COCOCA SACECARGE Addition