

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90018 001 *1,350.00

DOCUMENT # F94000001285

1. Corporation Name

ARISTAR AGENCY, INC.

Principal Place of Business

HIDDEN RIVER CORPORATE PARK
8900 GRAND OAK CIRCLE
TAMPA FL 33637-1050

Mailing Address

HIDDEN RIVER CORPORATE PARK
8900 GRAND OAK CIRCLE
TAMPA FL 33637-1050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1994

4. FEI Number

51-0098547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS WAYNE L	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GARNER, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HILLSMAN, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BROTT, HAZEL A.	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CRAIG J. CHAPMAN	
13 STREET ADDRESS	8900 GRAND OAK CIRCLE	
14 CITY-ST-ZIP	TAMPA, FL 33637-1050	
21 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	HENRY F. SHIGLEY	
33 STREET ADDRESS	8900 GRAND OAK CIRCLE	
34 CITY-ST-ZIP	TAMPA, FL 33637-1050	
41 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BEVERLY THURSTON	
43 STREET ADDRESS	8900 GRAND OAK CIRCLE	
44 CITY-ST-ZIP	TAMPA, FL 33637-1050	
51 TITLE	V/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DOUGLAS G. WISDORF	
53 STREET ADDRESS	8900 GRAND OAK CIRCLE	
54 CITY-ST-ZIP	TAMPA, FL 33637-1050	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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.

SIGNATURE: Beverly Thurston BEVERLY THURSTON

2/23/99

(813) 632-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)