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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97982 1. Corporation Name

JOHN W. DISMUKE INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address				BII 81814 BEBII BIBII	81812 B1821 (881	
% JOHN W. DISMUKE % JOHN W. DISMUKE						
2530 NE 15TH AVENUE 2530 NE 15TH AVENUE WILTON MANORS FL 33305 WILTON MANORS FL 33305			DO NOT WRITE IN THIS SPACE			
THE OF MANORO	12 33000		3. Date incorporated or Qualifed	113 SPACE		1
·			09/02/1982			ļ
Principal Place of Business 2a. Mailing Address		4. FEI Number	Ar	oplied For	0	
21 26	26		59-2214530	 	ot Applicable	3.00
Suite, Apt. #, etc. Suite, Apt. #, 22	etc.		5. Certifcate of Status Desired	\$8,75	Additional	¥
27			5. Certificate of Status Desired	Fee Re	equired	
City & State — City & State		₹ میجید ۳	6. Election Campaign Financing		May Be	
23 28	Cour	ntn/	Trust Fund Contribution		to Fees	٠
F-m, '	25 29 30		8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current Registered Agent	190		10. Name and Address of New Registers			
		81 Name		<i>g</i>		
DISMUKE, JOHN W.		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
2530 NE 15TH AVENUE		oli eet Addi	(40,65 as a lating statement	ore herbe they have give	i di givitato.	l
WILTON MANORS FL 33305		83				l
	-	84 City		. 85 Zip (Code	
25 - 1381 - 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10	,			LII		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Office or registered agent, or both, in the State of Florida. Such change agent I am familiar with, and accept the obligations of, Section 607.05			oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered	
SIGNATURE						ı
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered A	gent signature require	d when reinstating) DATE			
12. OFFICERS AND DIRECTORS						່ <u>ເ</u>
	13.	_ 1	ADDITIONS/CHANGES TO OFFICERS			1/98)
TITLE PD DEL	LETE 1.1 TITL			AND DIRECTO Change	RS IN 12	(11/98)
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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 attended to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in g, or on an attachment with an address, with all other like empowered.

45167825

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90056 011 ***150.00