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**

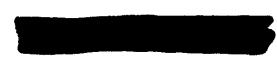
DOCUMENT # F9800004396

1. Corporation Name

DBL ADJUSTERS CC INC.

FILED May 31, 2000 8:00 am Secretary of State

05-31-2000 90072 020 ***150.00



	•				
Principal Plac	e of Business	Mailing Address			
11574 MURRAY	' AVE	11574 MURRAY AVE	•	ļ	
LARGO FL 337	78	LARGO FL 33778		DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualifed	O OI AOL
				08/03/1998	
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-3585703	Not Applicable
Suite, Apt	ı#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
٠٠!		27	•	5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May.Be
<u> </u>		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
	25	29 3	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
EOD	ISTER, HUGO		81 Name	,	
	74 MURRAY AVE.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	GO FL 33778			· · · · · · · · · · · · · · · · · · ·	
LAN	GO FE 33/10		83		
			84 City	-	85 Zip Code
	<u> </u>	·		F.	-
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statutes te of Florida, Such change was aut	s, the above-named co thorized by the corpora	rporation submits this statement for the purpose of the purpose of the app	ointment as registered
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Florid	da Statutes.	,	
SIGNATURE					
	Signature, typed or printed name of registered a		Registered Agent Signature requ	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12. TITLE	PT	AND DIRECTORS	13.	ADDITIONS/CHANGES TO CITICENS A	Change Addition
	PRETORIUS, CARL B		1.2 NAME		
NAME	AARTA MILITERAY AVE		1.3 STREET ADDRESS		
STREET ADDRESS	LARGO FL		1.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORSTER, HUGO		22 NAME		
STREET ADDRESS	AACTA ARIDDAN AVE	•	2.3 STREET ADDRESS		
	LARGO FL.		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	S	☐ DELETE	3.1 TITLE		Change Addition
NAME	FORSTER, DENISE		3.2 NAME		
STREET ADDRESS	AACTA MALIDDAY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	3		4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TUTE	1	☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition

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 suppliemental 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 open attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #