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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # G44502** 1. Corporation Name CONSOLIDATED ADJUSTERS OF FLA., INC.

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90065 025 \*\*\*150.00



277 N. BABCO		277 N. BABCOCK ST.					
Melbourne f Us	1. 32935	MELBOURNE FL 32935 US			DO NOT WRITE IN 1	HIS SPACE	
10		03			3. Date Incorporated or Qualifed		
					06/20/1983		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
I		26			56-3285486	<b>├</b>	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			30 3203400	<del></del>	Additional
l		27			5. Certificate of Status Desired		Required
City & Staf	te	City & State	_		6. Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
İ	25	29	30		Personal Property Tax.	_ ☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name	tr mainless		
PAT	terson, david r.		00	Ramo	na W. Faigley	<del></del>	
277		82	277	dress (P.O. Box Number is Not Acceptable) N. Babcock St.			
, MEL	Bourne Fl. 32935		83		W. Dabeoek Be.		
-			"				
•			84	City		85 Zip	Code
				<u>Melb</u>	ourne	FL   132	.935
Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	enamed co	rporation submits this statement for the purposition's board of directors. I bereby accept the ar	a of changing its	s registered egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	ne corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	pomentant as t	59,500,54
		sialou	Ka	mos	ra W. Jacober 1	<del>-5</del> -99	*
	Signature, typed or printed name of registered age		Registered Agen	t signature requ	ired when reinstating) DATE	<b>-</b> -	
•	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
	PS	₩ DELETE	1.1 TITLE			Change	Addition
	PATTERSON, DAVID R.		1.2 NAME				
AODRESS			1.3 STREET	ADDRESS			
ST ZIP	SATELLITE BEACH FL			1			
SI 2117	VP	☐ DELETE	1.4 CITY-ST 2.1 TITLE			[X] Change	Additio
	*•	D Dece in		- 1	PS	K) ournão	
	FAIGLEY, RAMONA W.		2.2 NAME		Faigley, Ramona W.		
_ : ALIDRESS	l <del>_</del> .				1166 Grandeur St. SE	_	
ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP		Palm Bay, FL 32909		
		☐ DELETE	3.1 TITLE		<b>.</b> .	☐ Change	Additio
_			3.2 NAME	1			
I ADDRESS			3.3 STREET	ADDRESS			
ST ZIP			3.4. CITY-S	r-zip			
		☐ DELETE	4.1 TITLE			Change	☐ Addition
			4.2 NAME	[		_	
I ADDRESS			4.3 STREET	AUDRESS			
				-			
ST-ZIP		☐ DELETE	4.4 CITY-ST 5.1 TITLE	- 2117		Change	Addition
-		- octob	5.1 TITLE 5.2 NAME				
				+cocccc			
i ADDK£38			5.3 STREET	1			
ST-ZIP			5.4 CITY-ST	-Z)P	<u> </u>		
-		☐ OELETE	6.1 TITLE			☐ Change	Addition
			6.2 NAME				
. I ADDRESS			63 STREET	ADDRESS			
ST 710			6.4 CITY-ST	- ZIP			

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.

752-0077

Daytime Phone #