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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90029 048 ***150.00

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DOCUMENT # G66868

INSURANCE AND FINANCIAL SERVICES OF PENSACOLA, I

	.	3						
Principal Place of Business Mailing Address								
%PARHAM N. BOOKER. JR. 2810 E. CERVANTES STREET PENSACOLA FL 32503			%Parham N. Booker. Jr. 2810 E. Cervantes Street Pensacola Fl. 32503				DO NOT WRITE IN THIS SPACE	·: '
T ENGAGER 11		: '					3. Date incorporated or Qualifed 11/01/1983	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number · Appli	ied For
21							59-2332750 Not A	Applicab
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Requ	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution Added to	
Zip	Country 25	29	Zip 30	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.]No
24	9. Name and Address of Curren			<u> </u>			10. Name and Address of New Registered Agent	
BOOKER, PARHAM N., JR. 2810 E. CERVANTES ST. PENSACOLA FL 32503				-	81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptable)	
					84	City	FL 85 Zip Co	de
l office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Flori	ida. Such change was auth	nonzed	DV I	-named corpo he corporatio	oration submits this statement for the purpose of changing its re in's board of directors. I hereby accept the appointment as regis	gistered stered
SIGNATURE							when reinstation) DATE	
<u> </u>	Signature, typed or printed name of registered ager			egistered /	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
12.	011,021,071,00						ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addi
TITLE	PD		CODECETE	1.1 1111			[_] Crisings	
NAME BOOKER, JR., PARHAM N.				1.2 NAME				
STREET ADDRESS 2810 E. CERVANTES ST.			1.3 STREET ADDRESS		ADDRESS	Seal,		
CITY-ST-ZIP PENSACOLA FL				1.4 CIT	1.4 CITY-ST-ZIP			
	10			■ 0 4 TER			☐ Change	√ Addit

TITLE **BOOKER, FRANCES H** 2.2 NAME NAME 2810 E CERVANTES STR 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP &1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 13 if changed or on an attachment with an address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The for 80 634-1111

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