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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H00341

1. Corporation Name

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 039 \*\*\*158.75

EQUITY INSURANCE AGENCY, INC.									
Principal Place of Business	Mailing Address								,,,,,,
5626 ATLANTIC AVE. N.	5626 ATLANTIC AVE. N.	_			,				
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703						DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporate		IE IN THIS	STACE	
					04/24/1984	o or waamoo			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			Ar	plied For
	26				59-2422136			<u> </u>	t Applicable
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.						-/	\$8.75	
22	27	<u>.</u> .			5. Certifcate of Sta	tus Desired :	-11-1	Fee Re	
City & State	City & State				6. Election Campai	gn Financing		\$5.00	Mav Be
23	28				Trust Fund Conf			Added	
Zip Country	Zip	Coun	ntry		8. This corporation	owes the curr	ent year In	tangible	
25	29	30			Personal Proper	ty Tax.		Yes	ŬNo
9. Name and Address of Current I	Registered Agent				10. Name and Add	ress of New F	Registered	Agent	
WALKELDED DETER		ľ	81	Name					
WOHLFELDER, PETER		l-	82	Street Addre	ess (P.O. Box Number	is Not Accepta	able)		
5626 ATLANTIC AVE NO		L			<u> </u>				
ST PETERSBURG FL 33703			83						}
•		-	84	City				85 Zip	Code
				•			FL	<b>-</b>	
			MVE-r	named como	oration submits this sta	temem for me			
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE.	Florida. Such change was at ns of, Section 607.0505, Flori	uthorized rida Statu	ove-r by th tes.	named corpo ne corporation	oration submits this sta n's board of directors.	I hereby accep	ot the appo	intment as re	gistered
Pursuant to the provisions of sections of 0.7.050.2 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE     Signature, typed or printed name of registered agent a	Florida. Such change was at ins of, Section 607.0505, Flori	utnorized rida Statu	by th tes.	ne corporation	on a board of directors.  I when reinstating)	i nereby accep	DATE	iniment as re	gistered
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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.