

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

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90010 032 \*\*\*558.75

**DOCUMENT # H33905**

1. Corporation Name  
**INVEST-SURE, INC.**

Principal Place of Business  
2305 HIGHWAY 77  
~~P.O. BOX 2950~~  
PANAMA CITY FL 32405

Mailing Address  
2305 HIGHWAY 77  
P.O. BOX 2950  
PANAMA CITY FL 32405



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1984**

4. FEI Number  
**59-2491032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Post Office Box 59950

23 City & State

27 City & State

28 Panama City, Florida

24 Zip

Country

29 Zip

Country

32412-0950

30

Bay

9. Name and Address of Current Registered Agent

BARR, JIMMY  
2305 HWY. 77  
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME CHAPMAN, JOSEPH F. III  
STREET ADDRESS 3412 ROBINSON BAYOU CIR  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ~~RD~~ D VP ☐ DELETE  
NAME POWELL, RAYMOND E  
STREET ADDRESS ~~3008 KINGS HARBOR RD~~ 3009 Kings Harbor Drive  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ST ☐ DELETE  
NAME STEWART, DIANE  
STREET ADDRESS 218 S. CLAIRE DR.  
CITY-ST-ZIP PANAMA CITY FL

TITLE D VP ☐ DELETE  
NAME Kristian B. Chapman  
STREET ADDRESS 1201 East 8th Street  
CITY-ST-ZIP Lynn Haven, Florida 32444

TITLE D P ☐ DELETE  
NAME James L. Dake  
STREET ADDRESS 2924 West 27th Court  
CITY-ST-ZIP Panama City, Florida 32405

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/99

Date

(850) 769-5261

Daytime Phone #

CR2E034 (11/98)

0058237