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

02-22-1999 90081 034 ***150.00

FILED

Feb 22, 1999 8:00 am Secretary of State

DOCUMENT# H85866

1. Corporation Name

AMERICAN FIDELITY CORPORATION

Principal Place of Business

238 N. WESTMONTE DR. SUITE-104

ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 160323

ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

					1 1/ 19/ 1900		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
116	FRANCES DRIVE	26			59-2602545	No	t Applicable
	e, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired_	\$8.75	
-		27			3. Certificate of Status Desired	Fee Re	quired
City & Sta		City & State			6. Election Campaign Financing	\$5.00	May Be
. HLTA	MONTE SPRINGS	28			Trust Fund Contribution	Added 1	o Fees
Zip	Country Zip		Country	'	8. This corporation owes the current year Intangible		
: 32	7/4 25 SEM.	29	30		Personal Property Tax.	☐ Yes	□No
·	9. Name and Address of Current	Registered Agent		·	10. Name and Address of New Registered	Agent	
0.01	10.4 SERVINGETEE		81	Name			
COMBS, BERNADETTE 116 FRANCES DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
	AMONTE SPRINGS FL 32714		83				
, 1611						11	
			84	City	FL	85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered agent		Registered Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	IRS IN 12
12.	T - "."	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AN	Change	Additio
TITLE	D DELETE		1.1 TITLE				
NAME	COMBS, JOHN L.		1.2 NAME				
STREET ADDRESS	l .	4		T ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-S	T-ZIP		Change	☐ Additio
TITLE	STD DELETE		2.1 TITLE				
NAME	Combo, Derivate C.		2.2 NAME				
STREET ADDRESS	110 1110 1110 20 0111			TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5 3.1 TITLE	ST-ZIP		☐ Change	Addition
TITLE		□ nere ie				cgo	1
NAME			3.2 NAME				
STREET ADDRESS	3		33 STREE	T ADDRESS			
CITY-ST-ZIP							
TITLE		□ DELETE	3.4. CITY-5	ST-ZIP		☐ Change	[□ Additio
		☐ DELETE	4.1 TITLE			☐ Change	☐ Additio
NAME		☐ DELETE	4.1 TITLE 4. 2 NAME			☐ Change	☐ Addition
NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4. 2 NAME	T ADDRESS		☐ Change	☐ Additio

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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ DELETE

Change

Change

☐ Addition

☐ Addition