

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

DOCUMENT # H92894

1. Corporation Name

GENE SMITH INSURANCE AGENCY INC.

Principal Place of Business

14837 7TH ST.
DADE CITY FL 33525
US

Mailing Address

14837 7TH ST.
DADE CITY FL 33525
US

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90011 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1985

4. FEI Number

59-2634608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH, ROBERT H
14837 7TH STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name
PATRICIA J. SHAPLEY

82 Street Address (P.O. Box Number is Not Acceptable)
38426 5th AVENUE

83

84 City
Zephyrhills FL

85 Zip Code
33540

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

Patricia J. Shapley

4-29-99

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	PSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROBERT H.	
STREET ADDRESS	14837 7TH ST.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DORA	
STREET ADDRESS	14837 7TH ST.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GENE	
STREET ADDRESS	314 N OHIO AVE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PATRICIA J. SHAPLEY	
1.3 STREET ADDRESS	38426 5th AVENUE	
1.4 CITY-ST-ZIP	Zephyrhills, FL 33540	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-29-99 813-780-8300

Date

Daytime Phone #

CR2E034 (1/98)