

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90124 030 ***150.00

DOCUMENT # J30576

1. Corporation Name

CONSOLIDATED AGENCIES, INC.

Principal Place of Business

233 E BAY ST
STE 630
JACKSONVILLE FL 32202
US

Mailing Address

630 BLACKSTONE BLDG.
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1986

4. FEI Number

59-2712372

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 233 East Bay St.

22 City & State

27 Suite, Apt. #, etc.

27 Suite 630

23 Zip

Country

28 City & State

28 Jacksonville, FL

24

29 Zip

Country

32202

30 US

5. Certificate of Status Desired

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBISON, MARY A
1 INDEPENDENT DR
STE 2600
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCV ☐ DELETE

NAME ROE, JOSEPH L.
STREET ADDRESS 14651 DALLAS PARKWAY
CITY-ST-ZIP DALLAS TX

1.1 TITLE ☐ Change ☐ Addition

TITLE DST ☐ DELETE

NAME SAUNDERS, MICHAEL P.
STREET ADDRESS 4185 VENETIA BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL

1.2 NAME ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME SMITH, JAMES L.
STREET ADDRESS 3020 S WOFFORD STREET
CITY-ST-ZIP DEL CITY OK

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME ROTH, BRUCE A
STREET ADDRESS 1400 LAKE HEARN DR #204
CITY-ST-ZIP ATLANTA GA

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

2.5 TITLE
2.6 NAME
2.7 STREET ADDRESS
2.8 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:

Michael P. Saunders

02/01/99

(904) 358-3856

Date

Daytime Phone #

CR2E034 (11/98)