

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 23, 1999 8:00 am  
Secretary of State

03-23-1999 90049 025 \*\*\*150.00

DOCUMENT # J40682

1. Corporation Name

FNB BROKERAGE SERVICES, INC.

Principal Place of Business

C/O LEONARD HOAG  
815 COLORADO AVENUE  
STUART FL 34994  
US

Mailing Address

C/O LEONARD HOAG  
815 COLORADO AVENUE  
STUART FL 34994  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1986

4. FEI Number

59-2739052

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOAG, LEONARD  
815 COLORADO AVE  
STUART FL 34994

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 D ☐ DELETE

NAME CURTIS, C. WILLIAM  
STREET ADDRESS 815 COLORADO AVENUE  
CITY-ST-ZIP STUART FL 34994

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME TURNER, BONNY  
STREET ADDRESS 815 COLORADO AVENUE  
CITY-ST-ZIP STUART FL 34994

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HUDSON, DENNIS S., III  
STREET ADDRESS 815 COLORADO AVENUE  
CITY-ST-ZIP STUART FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HAH, WILLIAM R.  
STREET ADDRESS 815 COLORADO AVENUE  
CITY-ST-ZIP STUART FL

4.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME HOAG, LEONARD J  
STREET ADDRESS 815 COLORADO AVE  
CITY-ST-ZIP STUART FL

5.1 TITLE ☐ Change ☐ Addition

TITLE VS ☐ DELETE

NAME PATTERSON, LIS F  
STREET ADDRESS 815 COLORADO AVE  
CITY-ST-ZIP STUART FL

6.1 TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

3-15-99 (561) 288-6072

0514720

CR2E034 (11/98)