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 # J79357 1. Corporation Name

B & F INSURANCE AGENCY, INC.

	HOUNTHOE MALHOT, INC.					
Principal Place	e of Business	Mailing Address				-
% EVERETT KIN		% EVERETT KING				
4677 UNIVERSITY OR. 4677 UNIVERSITY OR.						DO NOT WRITE IN THIS SPACE
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067						3. Date Incorporated or Qualifed
						06/22/1987
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-2825619 Not Applica
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22 27						Fee Required
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	28 Zip	Countr	v		This corporation owes the current year Intangible
24	[25]	29 30	_	,		Personal Property Tax.
24	g. Name and Address of Curren		-			10. Name and Address of New Registered Agent
			81	1 1	Name	
KING, EVERETT			82	82 Street Address (P.O. Box Number is Not Acceptable)		
3933 NW 81ST TERRACE						
COR	AL SPRINGS FL 33065		83	3		
	,		84	4 (City	FL 85 Zip Code
44 Bumiliant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the abov	ve-n	amed corpor	ration submits this statement for the purpose of changing its registers
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	ronzed b	v the	e corporation	n's board of directors. I hereby accept the appointment as registered
SIGNATURE						when reinstating) DATE
	Signature, typed or printed name of registered agen	ID DIRECTORS	13.	ent sig	gnature required w	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	D	DELETE	1.1 TITLE			Change Add
NAME	MARMON, BARBARA		1.2 NAME			
STREET ADDRESS	9517 OLD PINE RD		1.3 STREE	ET AD	XORESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-	ST-ZI	IP	· ·
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Add
NAME	KING, BARBARA		2.2 NAME	:		
STREET ADDRESS	3933 NW 81ST TERRACE		2.3 STREE	ET AD	ORESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-		IP	
TITLE	VP .	☐ DELETE	3.1 TITLE			☐ Change ☐ Add
NAME	KING, EVERETT		3.2 NAME			
STREET ADDRESS	3933 NW 81ST TERR		3.3 STREE			
CITY-ST-ZIP	CORAL SPRINGS FL 33065	☐ DELETE	3.4. CITY- 4.1 TITLE		<u> </u>	☐ Change ☐ Add
TITLE			4.1 HICE 4. 2 NAME			
NAME STREET ADDRESS			4.3 STREE		DORESS	
CITY-ST-ZIP			4.4 CITY-			
TITLE	+ , .	☐ DELETE	5.1 TITLE		-	☐ Change ☐ Ado
NAME			5.2 NAME	Ē		
STREET ADDRESS			5.3 STREI	ET AD	XORESS	
CITY-ST-ZIP			5.4 CITY-		JP .	
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Add
i _	İ		62 NAME	:	1	

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90132 037 ***150.00