

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90141 048 ***150.00

DOCUMENT # J86088

1. Corporation Name
SERVICE FIRST INSURANCE, INC.

Principal Place of Business
3310 US ALT 19
DUNEDIN FL 34698

Mailing Address
3310 US ALT 19
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1987

4. FEI Number

59-2836904

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

21 101 FEDERAL PLACE

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 1489

Suite, Apt. #, etc.

City & State

23 TARPON SPRINGS

City & State

28 TARPON SPRINGS

Zip

24 34689

Country

25 PINELLAS

Zip

29 34688

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

REID, GARY R.
335 CROSSWINDS DRIVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME REID, PEGGY L.
STREET ADDRESS 335 CROSSWINDS DR.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE
NAME REID, GARY R.
STREET ADDRESS 335 CROSSWINDS DR.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME REID, PEGGY L.
1.3 STREET ADDRESS 335 CROSSWINDS DR.
1.4 CITY-ST-ZIP PALM HARBOR FL 34683

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME GARY R. REID
2.3 STREET ADDRESS 335 CROSSWINDS DR.
2.4 CITY-ST-ZIP PALM HARBOR FL 34683

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: GARY R. REID PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/1999 727-942-9363

Date

Daytime Phone #

CR2E034 (11/98)

0499795