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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J91317 (4)
1. Corporation Name
CONCEPT ONE INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business
3711 TAMPA ROAD SUITE 1201
P.O. BOX 1063
OLDSMAR FL 34677-6309
US

Mailing Address
3711 TAMPA ROAD #1201
P.O. BOX 1063
OLDSMAR FL 34677-0019
US



2. Principal Place of Business
21 4025 TAMPA ROAD
Suite, Apt. #, etc.
22 SUITE 1201
City & State
23 OLDSMAR, FLA
Zip
24 34677 Country
25 FLORIDA

2a. Mailing Address
26 4025 TAMPA ROAD
Suite, Apt. #, etc.
27 SUITE 1201
City & State
28 OLDSMAR, FLA
Zip
29 34677 Country
30 FLORIDA

3. Date Incorporated or Qualified
09/04/1987

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2856240

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 has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A., ESQ.
160 STATE STREET WEST
SUITE A
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name
JASON C. OXENDINE
82 Street Address (P.O. Box Number is Not Acceptable)
4025 TAMPA ROAD
83 SUITE 1201
84 City
OLDSMAR FL 85 Zip Code
34677

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 607.0503, Florida Statutes.

SIGNATURE: Jason C. Oxendine, President DATE: 4/20/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Jason C. Oxendine, President DATE: 4/30/97 DAYTIME PHONE: 813-855-1111

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