

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90155 002 ***150.00

DOCUMENT # K57538

1. Corporation Name
THE INSURANCE CENTER, INC.

Principal Place of Business
**325 N FEDERAL HWY
BOYNTON BCH FL 33435
US**

Mailing Address
**325 N FEDERAL HWY
BOYNTON BCH FL 33435
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1989

4. FEI Number
65-0100615

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 N Missouri Ave**

Suite, Apt. #, etc.

22 **Suite 2**

City & State

23 **Clearwater FL**

24 **33755** 25 **USA**

2a. Mailing Address

26 **101 N. Missouri Ave**

Suite, Apt. #, etc.

27 **Suite 2**

City & State

28 **Clearwater FL**

29 **33755** 30 **USA**

9. Name and Address of Current Registered Agent

**WATSON, CHARLES S
325 N FEDERAL HWY
BOYNTON BCH FL 33435**

10. Name and Address of New Registered Agent

81 Name **McVeigh, Pamela**

82 Street Address (P.O. Box Number is Not Acceptable)
325 N Federal Hwy

83

84 City **Boynton Beach**

FL 85 **33435**

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

Pamela M. McVeigh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/89

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **WATSON, CHARLES S.**
STREET ADDRESS **325 N FEDERAL HWY**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **VPS** ☐ DELETE
NAME **MCVEIGH, PAMELA M.**
STREET ADDRESS **325 N FEDERAL HWY**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **P John J. Naughton**
3.3 STREET ADDRESS **101 N Missouri Ave**
3.4 CITY-ST-ZIP **Clearwater, FL 33755**

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:

Pamela M. McVeigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/89 (561)732-7702

CR2E034 (11/98)

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