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00844

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90045 038 ***150.00

DOCUMENT # **K59575**

1. Corporation Name

ADMIRAL NO-FAULT INSURANCE, INC.

Principal Place of Business

4051 S. US HWY 17-92
CASSELBERRY FL 32707
US

Mailing Address

P.O. BOX 180535
CASSELBERRY FL 32718
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1989

4. FEI Number
65-0125760

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 **901 W. Indian Town RD**

Suite, Apt. #, etc.

22 **Suite 16**

City & State

23 **Augusta FL**

Zip

24 **33458**

Country

25 **Palm Bch**

2a. Mailing Address

26 **PO Box 1870**

Suite, Apt. #, etc.

27

City & State

28 **Palm City FL**

Zip

29 **34991**

Country

30 **Martin**

9. Name and Address of Current Registered Agent

VICKERY, MARK A.
305 SPRING LAKE HILLS DRIVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Frank P Daly

82 Street Address (P.O. Box Number is Not Acceptable)

5547 SW Coral Tree Ln

83

84 City

Palm City

FL

85 Zip Code

34990

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 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 **Frank P Daly**

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 **D** ☒ DELETE

NAME **VICKERY, MARK A.**
STREET ADDRESS **305 SPRING LAKE HILLS DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PP** ☐ Change ☐ Addition

1.2 NAME **Frank P Daly**
1.3 STREET ADDRESS **5547 SW Coral Tree Ln**
1.4 CITY-ST-ZIP **Palm City FL 34990**

2.1 TITLE **PP ST** ☐ Change ☐ Addition

2.2 NAME **Frank P Daly**
2.3 STREET ADDRESS **5547 SW Coral Tree Lane**
2.4 CITY-ST-ZIP **Palm City FL 34990**

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

ADMIRAL NO-FAULT INSURANCE, INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/99 561 283 7180

CR2E034 (11/98)