

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90165 022 ***150.00

DOCUMENT # L34559

1. Corporation Name

FILICHIA INSURANCE ASSOCIATES, INC.

Principal Place of Business

6963 N WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

6963 N WICKHAM ROAD
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

4. FEI Number

59-2977519

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

9. Name and Address of Current Registered Agent

FILICHIA, RICHARD W.
6963 N. WICKHAM ROAD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name Richard W. Filichia
82 Street Address (P.O. Box Number is Not Acceptable)
6550 N. Wickham Rd.
83 Suite #9
84 City Melbourne FL 85 Zip Code 32940

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

Richard W. Filichia

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 DP ☐ DELETE

NAME FILICHIA, RICHARD W.
STREET ADDRESS 6963 N WICKHAM RD
CITY-ST-ZIP MELBOURNE FL

TITLE DVTS ☐ DELETE

NAME FILICHIA, SUSAN S.
STREET ADDRESS 6963 N. WICKHAM ROAD
CITY-ST-ZIP MELBOURNE 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 DP ☒ Change ☐ Addition

1.2 NAME Richard W. Filichia
1.3 STREET ADDRESS 6550 N. Wickham Rd, #9
1.4 CITY-ST-ZIP Melbourne, FL 32940

2.1 TITLE DVTS ☒ Change ☐ Addition

2.2 NAME Susan S. Filichia
2.3 STREET ADDRESS 6550 N. Wickham Rd, #9
2.4 CITY-ST-ZIP Melbourne, FL 32940

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:

Susan S. Filichia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 407-254-0095

CR2E034 (11/98)

0114687