

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
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90002 030 ***158.75

DOCUMENT # L50528

1. Corporation Name

JOHN KNAPP INSURANCE, INC.

Principal Place of Business

1404 S. 28TH ST.
1404 SOUTH 28TH STREET
FT PIERCE FL 34949
US

Mailing Address

1404 S 28TH ST
FT PIERCE FL 34947
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1990

4. FEI Number

65-0164214

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 1010 JAMAICA Ave

Suite, Apt. #, etc.

22

City & State

23 Ft Pierce FL

Zip

24 34982

Country

25 St Lucia

2a. Mailing Address

26 1010 JAMAICA Ave

Suite, Apt. #, etc.

27

City & State

28 Ft Pierce FL

Zip

29 34982

Country

30 St Lucia

9. Name and Address of Current Registered Agent

KNAPP, JOHN
1404 S 28TH ST
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name

John Knapp

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

1010 JAMAICA Ave

83

84 City

Ft Pierce

FL

85 Zip Code

34982

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

John M Knapp

8/14/99

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 PTSD ☐ DELETE

NAME KNAPP, JOHN
STREET ADDRESS 1404 S 28TH ST
CITY-ST-ZIP FT. PIERCE FL

TITLE VP ☒ DELETE

NAME KNAPP, JOSEPH
STREET ADDRESS 1404 S 28TH ST
CITY-ST-ZIP FT. PIERCE 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 PTSD ☒ Change ☐ Addition

1.2 NAME JOHN Knapp
1.3 STREET ADDRESS 1010 JAMAICA Ave
1.4 CITY-ST-ZIP Ft Pierce, FL 34982

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
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

John M Knapp - 8/14/99 461-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0511729