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## 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

## DOCUMENT # L76280

1. Corporation Name

JERRY W. REEP JR. INSURANCE AGENCY INC.

Principal Place of Business Mailing Address						i 1889/80: 011 18810 011:0 11881 anit anit anit eint bran acur aran aran aran
3972 NORTHLAKE BLVD. 3		3972 NORTHLAKE BLVD. LAKE PARK FL 33403				DO NOT WRITE IN THIS SPACE
Į						3. Date Incorporated or Qualifed
						05/29/1990
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21	• •	26				65-0199677 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State	<del></del>	City & State				6. Election Campaign Financing \$5.00 May Be
23	-	28				Trust Fund Contribution  Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	— · · · ·	30	-		Personal Property Tax.
	9. Name and Address of Curren		-			10. Name and Address of New Registered Agent
			-	81	Name	
REEP, JERRY W JR.:				_		(D.O. D. M. et arris Mad Association)
3972 NORTHLAKE BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
LAKE PARK FL 33403				83	<u> </u>	
			{			·
<u> </u>			Į.	84	City	FL 85 Zip Code
office or n agent. I a	to the provisions of Sections 607.0500 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was au	ıthorized	DV.	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered	Agen	nt signature required	d when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 111	LE.		☐ Change ☐ Addition
NAME	REEP, GERALD W JR		1.2 NA	ME		
STREET ADDRESS	18277 LAKE BEND DR.		1.3 ST	REET	TADORESS	,
CITY-ST-ZIP			1,4 CD		1	
TITLE			2.1 TIT			☐ Change ☐ Addition
NAME	I **		2.2 NA	ME		
STREET ADDRESS	ACCOUNT AND DESCRIPTION OF THE PROPERTY OF THE				T ADDRESS	
CITY-ST-ZIP	JUPITER FL		2. 4 CITY-5		4	
TITLE	VVIIILITE	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REFT	T ADDRESS	
ł			3.4. CI			• •
C/TY-ST-ZIP		☐ DELETE	4.1 TI		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		<u>—</u>	4.2 N			
STREET ADDRESS					TADORESS	·
I SIKEE I ADDRESS			7.0 01			

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5,4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

☐ Change

Addition

☐ Addition