

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 26, 1999 8:00 am  
Secretary of State

04-26-1999 90211 036 \*\*\*150.00

DOCUMENT # L82960

1. Corporation Name  
BLUE CHIP INSURANCE AGENCY, INCORPORATION



Principal Place of Business

P.O. BOX 2301  
SUITE 307  
WINTER PARK FL 32789  
US

Mailing Address

PO BOX 2301  
WINTER PARK FL 32790-2301  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1990

4. FEI Number

59-3020056

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CALDWELL, JAMES M.  
1850 LEE RD.  
SUITE 307  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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

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 CALDWELL, JAMES M.  
STREET ADDRESS 20490 SUGARLOAF MTN. RD.  
CITY-STATE-ZIP CLERMONT FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-STATE-ZIP

☐ Change ☐ Addition

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-STATE-ZIP

☐ Change ☐ Addition

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-STATE-ZIP

☐ Change ☐ Addition

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-STATE-ZIP

☐ Change ☐ Addition

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-STATE-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 a I other like empowered.

SIGNATURE:

*James M. Caldwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99 407)740-7788

CR2E034 (11/98)

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