

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90098 050 ***158.75

DOCUMENT # **L99430**

1. Corporation Name

BAY INSURANCE MARKETING, INC.

Principal Place of Business

**28463 US 19 N
2ND FLOOR
PALM HARBOR FL 34683
US**

Mailing Address

**2300 CURLEW RD
2ND FLOOR
PALM HARBOR FL 34683
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1990

4. FEI Number

59-3281205

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**KLIMCZAK, PAUL J.
2300 CURLEW RD
2ND FLOOR
PALM HARBOR FL 34683**

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 **DPTS** ☐ DELETE
NAME **KLIMCZAK, PAUL J**
STREET ADDRESS **2300 CURLEW RD., 2ND FLOOR**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **President** ☐ DELETE
NAME **Phillip G. Chesson**
STREET ADDRESS **1471 Noell Blvd.**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **Vice President - Executive** ☐ DELETE
NAME **Sue Ann Valenza**
STREET ADDRESS **2722 Blossom Lake Dr**
CITY-ST-ZIP **Holiday, FL 34691**

TITLE **Vice President** ☐ DELETE
NAME **Frank Downer's**
STREET ADDRESS **6711 Bradley Court**
CITY-ST-ZIP **Downers Grove, ILL 60516**

TITLE **Vice President** ☐ DELETE
NAME **Karen Lauinger**
STREET ADDRESS **4400 County Breeze Dr.**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)