

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 09, 1999 8:00 am
Secretary of State

04-09-1999 90042 017 ***150.00

DOCUMENT # M80165

1. Corporation Name

LASSITER-WARE INSURANCE OF ORANGE/SEMINOLE, INC.

Principal Place of Business

668 NB ORLANDO AVE
STE 1008
MAITLAND FL 32751
US

Mailing Address

P O BOX 940159
MAITLAND FL 32794-0159
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1988

4. FEI Number

59-2887406

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

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

OSTRANDER, TED R JR
1317 CITIZENS BLVD
LEESBURG FL 32748

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 PD ☐ DELETE

NAME OSTRANDER, TED R., JR.
STREET ADDRESS 1644 LOVES POINT DRIVE
CITY-ST-ZIP LEESBURG FL

TITLE SD ☐ DELETE

NAME STOER, JOHN JACOB, JR.
STREET ADDRESS 10839 LAKE HARRIS CIRCLE
CITY-ST-ZIP TAVARES 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 VD ☐ Change ☒ Addition

1.2 NAME CHRISTOPHER H. McCLAIN
1.3 STREET ADDRESS 112 A WISTERIA DRIVE
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

2.1 TITLE TD ☐ Change ☒ Addition

2.2 NAME JOHN E. HAHNE
2.3 STREET ADDRESS 1019 PALM COVE DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32835

3.1 TITLE VD ☐ Change ☒ Addition

3.2 NAME KRISTEN M. HUGHES
3.3 STREET ADDRESS 4501 SAILBREEZE COURT
3.4 CITY-ST-ZIP ORLANDO, FL 32810

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

352-787-3441

Daytime Phone #

CR2E034 (4/1/98)

0009191