

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 16, 1999 8:00 am
Secretary of State

08-16-1999 90002 049 ***550.00

DOCUMENT # P06114

1. Corporation Name

INVEST FINANCIAL CORPORATION INSURANCE AGENCY IN
C. OF MARYLAND

Principal Place of Business

2701 N. ROCKY POINT DR.
7TH FLOOR
TAMPA FL 33607
US

Mailing Address

2701 N. ROCKY POINT DR.
7TH FLOOR
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1985

4. FEI Number

52-1371150

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 <input checked="" type="checkbox"/> DELETE
NAME	GACKLE, MERLIN R
STREET ADDRESS	2701 N. ROCKY POINT DRIVE, 7TH FLOOR
CITY-ST-ZIP	TAMPA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	O'QUIST, MYRA N.
STREET ADDRESS	2701 N. ROCKY POINT DRIVE, 7TH FLOOR
CITY-ST-ZIP	TAMPA FL
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	MCINTOSH, JEAN M
STREET ADDRESS	2701 N ROCKY POINT DRIVE 7TH FLOOR
CITY-ST-ZIP	TAMPA FL 33607
TITLE	AVP <input checked="" type="checkbox"/> DELETE
NAME	HAJEK, RICHARD
STREET ADDRESS	2701 N ROCKY POINT DRIVE 7TH FLOOR
CITY-ST-ZIP	TAMPA FL 33607
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, KIMBERLY
STREET ADDRESS	2701 N ROCKY POINT DRIVE 7TH FLOOR
CITY-ST-ZIP	TAMPA FL 33607
TITLE	AVP <input checked="" type="checkbox"/> DELETE
NAME	CULLOTH, BRIAN
STREET ADDRESS	2701 N ROCKY POINT DRIVE 7TH FLOOR
CITY-ST-ZIP	TAMPA FL 33607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT BLAGOJEVICH
1.3 STREET ADDRESS	2701 N ROCKY POINT DR., 7TH FLOOR
1.4 CITY-ST-ZIP	TAMPA FL 33607
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C. ROGER ALLEN
2.3 STREET ADDRESS	2701 N. ROCKY POINT DR. 7TH. FLOOR
2.4 CITY-ST-ZIP	TAMPA, FL. 33607
3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARY NEIL PRICE
3.3 STREET ADDRESS	2701 N. ROCKY POINT DR. 7TH. FLOOR
3.4 CITY-ST-ZIP	TAMPA FL. 33607
4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARY L. WARD
4.3 STREET ADDRESS	2701 N. ROCKY POINT DR. 7TH. FLOOR
4.4 CITY-ST-ZIP	TAMPA FL. 33607
5.1 TITLE	ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CINDY MUNRO
5.3 STREET ADDRESS	2701 N. ROCKY POINT DR. 7TH. FLOOR
5.4 CITY-ST-ZIP	TAMPA FL. 33607
6.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PAMELA WELCH
6.3 STREET ADDRESS	400 1ST. AMERICAN CENTER
6.4 CITY-ST-ZIP	NASHVILLE, TN 37237

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

8/1/99

Date

813-289-5797

Daytime Phone #

0387912

CR2E034 (11/98)