

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 07, 1999 8:00 am
Secretary of State

04-07-1999 90085 012 ***158.75

DOCUMENT # P92000009634

1. Corporation Name
THE LANGLEY AGENCY, INC.



Principal Place of Business
6100 GLADES RD
STE 308
BOCA RATON FL 33434
US

Mailing Address
6100 GLADES RD
STE 308
BOCA RATON FL 33434
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1992

4. FEI Number
65-0377659

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 6100 Glades Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 6100 Glades Rd
Suite, Apt. #, etc.

22 Suite 212
City & State

27 Suite 212
City & State

23 Boca Raton FL
Zip Country

28 Boca Raton FL
Zip Country

24 33434 25 US

29 33434 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, ROBERT BRENT
6100 GLDES RD
STE 308
BOCA RATON FL 33434

81 Name Robert Brent Langley
82 Street Address (P.O. Box Number is Not Acceptable)
6100 Glades Rd
83 Suite 212
84 City Boca Raton FL 85 Zip Code 33434

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 DPT
NAME LANGLEY, ROBERT BRENT
STREET ADDRESS 6100 GLADES RD STE 308
CITY-ST-ZIP BOCA RATON FL

TITLE S
NAME LANGLEY, LUANN D.
STREET ADDRESS 6100 GLADES RD STE 308
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT
1.2 NAME Robert Brent Langley
1.3 STREET ADDRESS 6100 Glades Rd., Suite 212
1.4 CITY-ST-ZIP Boca Raton, FL 33434

2.1 TITLE S
2.2 NAME LuAnn D. Langley
2.3 STREET ADDRESS 6100 Glades Rd, Suite 212
2.4 CITY-ST-ZIP Boca Raton, FL 33434

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

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

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

6.1 TITLE
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: Robert Brent Langley, President

561-482-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

037166