

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032254 (3)

1. Corporation Name

JUDITH A. HARRELL INSURANCE AGENCY, INC.



Principal Place of Business

7353 SAND LAKE RD
#3
ORLANDO FL 32819
US

Mailing Address

7353 SAND LAKE RD
#3
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1993

4. FEI Number

65-0414661

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 or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

2807 Windsor Hill Dr

83

84 City

Orlando

FL

85

Zip Code

34786

2. Principal Place of Business

21 2807 Windsor Hill Dr
Suite, Apt. #, etc.

22

City & State

23 Windermere, FL
Zip Country

24 34786

25 Orange

2a. Mailing Address

26 2807 Windsor Hill Dr
Suite, Apt. #, etc.

27

City & State

28 Windermere, FL
Zip Country

29 34786

30 Orange

9. Name and Address of Current Registered Agent

PORTLOCK, JUDITH A
7353 SAND LAKE RD #3
ORLANDO FL 32819

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 type the printed name of registered agent and the filing officer

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> DELETE |
| NAME | PORTLOCK, JUDITH A | |
| STREET ADDRESS | 7353 SAND LAKE RD #3 | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2807 Windsor Hill Dr |
| 1.4 CITY-ST-ZIP | Windermere, FL 34786 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

CR2E034 (10/97)

JUDITH A HARRELL INSURANCE AGENCY
2807 Windsor Hill Drive
Windermere, Florida 34786
407/295-7637 FAX: 407/290-1763

June 8, 1998

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32314

Re: Annual Report

To whom it may concern:

Enclosed herewith is the annual report for Judith A. Harrell Insurance Agency, Inc., which was due to be filed on or before May 1, 1998.

The annual report was sent to 7353 Sand Lake Road; Suite #3 and I did not receive the report timely to file. Although perhaps I should have notified you of the change of address, I failed to do so, instead relying on the people at 7353 Sand Lake Road to regularly forward my mail to me. I did not receive the report until recently.

I am filing the report now, and respectfully request that the report be accepted with the regular filing fee, without the additional penalty amount. Thank you for your attention and hoped for cooperation in this matter.

Sincerely,


Judith A. Portlock
President