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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90068 014 \*\*\*150.00

DOCUMENT # P93000045278

1. Corporation Name

MR. AUTO INSURANCE OF THE PALM BEACHES, INC.

Principal Place of Business

668 NORTH U.S. HWY  
TEQUESTA FL 33469  
US

Mailing Address

PO BOX 4500  
TEQUESTA FL 33469  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

4. FEI Number

65-0429029

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 19626 US Hwy 1

Suite, Apt. #, etc.

22 City & State

23 Tequesta FL

Zip Country

24 33469 25 Palm Beach

2a. Mailing Address

26 19626 US Hwy 1

Suite, Apt. #, etc.

27 City & State

28 Tequesta FL

Zip Country

29 33469 30 Palm Beach

9. Name and Address of Current Registered Agent

GARRETTSON, T. P.  
18223 LAKE BEND  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name Mark E. Flynn

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

140 Cypress Cove

83

84 City Jupiter

FL

85 Zip Code

33458

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 agent 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 607.0501, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D GARRETTSON, THOMAS M.

STREET ADDRESS 8 WINDING WAY

CITY-ST-ZIP LOCUST VALLEY NY

TITLE ☒ DELETE

NAME D GARRETTSON, TIMOTHY P.

STREET ADDRESS 18223 LAKE BEND DR.

CITY-ST-ZIP JUPITER 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 ☐ Change ☒ Addition

1.2 NAME D Flynn, Mark E.

1.3 STREET ADDRESS 140 Cypress Cove

1.4 CITY-ST-ZIP Jupiter, FL 33458

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: Mark E. Flynn MARK E. FLYNN 2/20/99 (561)575-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)