Secretary of State

03-10-1999 90046 034 ***150.00

Mailing Address



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000073902

FERGUSON INSURANCE INC.

30043 US 19 N SUITE 140 CLEARWATER FL 34621 US 2. Principal Place of Business 21 29 14 L AND MARK WAY 26 Suite, Apt. #, etc. 27 City & State City & State 28 Cuntry 29 Suite, Apt. #, etc. 21 City & State 29 Suite, Apt. #, etc. 20 City & State 20 Country 21 Country 22 PhALM HAR BOR 28 Country 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Country 20 Suite, Apt. #, etc. 21 City & State 22 City & State 23 PhALM HAR BOR 24 Suite, Apt. #, etc. 25 Photeurs 29 Suite, Apt. #, etc. 30 State 29 Suite, Apt. #, etc. 40 State 40 Country 41 Suite, Apt. #, etc. 51 Suite, Apt. #, etc. 52 Country 43 State 45 State 46 Stection Campaign Financing 45 Suite, Apt. #, etc. 46 State 47 Suite, Apt. #, etc. 57 Suite, Apt. #, etc. 58 State 67 Suite, Apt. #, etc. 59 Suite, Apt. #, etc. 50 Suite, Apt. #, etc. 51 Suite, Apt. #, etc. 52 Suite, Apt. #, etc. 51 Suite, Apt. #, etc. 52 Country 58 Suite, Apt. #, etc. 59 Suite, Apt. #, etc. 50 Suite, Apt. #, etc. 51 Suite, Apt. #, etc. 52 Country 58 Suite, Apt. #, etc. 59 Suite, Apt. #, etc. 50 Suite, Apt. #, etc. 50 Suite, Apt. #, etc. 50 Country 60 Suite, Apt. #, etc. 61 Suite, Apt. #, etc. 62 Suite, Apt. #, etc. 63 Suite, Apt. #, etc. 64 Suite, Apt. #, etc. 65 Suite, Apt. #, etc. 65 Suite, Apt. #, etc. 66 Election Campaign Financing 67 Suite, Apt. #, etc. 67 Suite, Apt. #, etc. 68 Suite, Apt. #, etc. 69 Suite, Apt. #, etc. 69 Suite, Apt. #, etc. 60 Suite, Apt. #, etc. 60 Suite, Apt. #, etc. 61 Suite, Apt. #, etc. 62 Suite, Apt. #, etc. 65 Suite, Apt. #, etc. 65 Suite, Apt. #, etc. 66 Suite, Apt. #, etc. 67 Suite, Apt. #, etc. 67 Suite, Apt. #, etc. 68 Suite, Apt. #, etc. 69 Suite, Apt. #, etc. 69 Suite, Apt. #, etc. 69 Suite, Apt. #, etc. 60 Suite, Apt. #, etc. 60 Suite, Apt. #, etc. 60 Suite, Apt. #, etc. #, e
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S. Certificate of Status Desired Fee Required
City & State 23 PALM HAR BOR 28 Trust Fund Contribution 29 Street Address of Current Registered Agent 29 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 21 Street Address (P.O. Box Number is Not Acceptable) 22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 24 City PALH HARBOR 25 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 27 Street Address (P.O. Box Number is Not Acceptable) 28 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 21 Street Address (P.O. Box Number is Not Acceptable) 22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 24 Street Address (P.O. Box Number is Not Acceptable) 25 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 27 Street Address (P.O. Box Number is Not Acceptable) 28 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Accepta
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9. Name and Address of Current Registered Agent FERGUSON, THOMAS 30043 US 19 NORTH STE 140 CLEARWATER FL 34621 10. Name and Address of New Registered Agent 81 Name FERGUSON, Thomas Street Address (P.O. Box Number is Not Acceptable) AND CLEARWATER FL 34621 84 City PALH HARBOR FL 85 Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P
9. Name and Address of Current Registered Agent FERGUSON, THOMAS 30043 US 19 NORTH STE 140 CLEARWATER FL 34621 81 Name FERGUSON, ThoMAS 82 Street Address (P.O. Box Number is Not Acceptable) 83 City PALH HARBOR FL 85 34684 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 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.
FERGUSON, THOMAS 30043 US 19 NORTH STE 140 CLEARWATER FL 34621 81 Name FERGUSON, Thomas Street Address (P.O. Box Number is Not Acceptable) 29 14 LANDMARK 82 Street Address (P.O. Box Number is Not Acceptable) 83 City PALH HARBOR FL 85 Zip Code 34 City PALH HARBOR FL 85 34684 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 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 obliqations of, Section 607 0505, Florida Statutes.
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agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE
Signature, typed or printed name of registered ageni and titled applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Time I becel
NAME FERGUSON, TOM 12 NAME FERGUSON, TOM
STREET ADDRESS 30043 US 19 NORTH 140 1.3 STREET ADDRESS 2914 ZAND MARK WAY
CITY-ST-ZIP CLEARWATER FL 1.4 CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE
NAME 2.2 NAME
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3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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DELETE

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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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