

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90018 021 ***150.00

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DOCUMENT # P93000075944

1. Corporation Name

CONNIE C. BRAISTED INSURANCE AGENCY, INC.

Principal Place of Business

205 GREYTWIG RD
VERO BEACH FL 32963
US

Mailing Address

205 GREYTWIG RD
VERO BEACH FL 32963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1993

4. FEI Number

65-0446323

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

21 507 W. MAIN ST.

Suite, Apt. #, etc.

22

City & State

23 INVERNESS, FL

Zip

24 33450

Country

25 US

2a. Mailing Address

26 507 W. MAIN ST.

Suite, Apt. #, etc.

27

City & State

28 INVERNESS, FL

Zip

29 33450

Country

30 US A

9. Name and Address of Current Registered Agent

BRAISTED, LAWRENCE E
205 GREYTWIG RD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

BRAISTED, LAWRENCE E

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

18 WEST KELLER ST

83

84

City

HERNANDO

FL

85 Zip Code

34442

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

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

LAWRENCE E. BRAISTED
(NOTE: Registered Agent signature required when reinstating)

1/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BRAISTED, CONNIE C
STREET ADDRESS
205 GREYTWIG RD
CITY-ST-ZIP
VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

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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, which all other like empowered persons are required to file.

SIGNATURE:

Lawrence E. Braisted
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 527-3609

CR2E034 (1/198)