Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90021 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400009014

1. Corporation							1			
J. PARKI	er insurance agency, i	INC.								
	<u> </u>									
Principal Place	of Business	Ma	ailing Address				1 10001000 110 10111 01011 00117 00111			
2360 SE 173RD			O. BOX 340							
SILVER SPRINGS FL 34488			SILVER SPRINGS FL 34489 US				DO NOT WRITE IN THIS SPACE			
US		US	1				3. Date Incorporated or Qualifed			
							02/01/1994			\
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Арр	lied For
21	•	26	_				59-3219861		Not	Applicable
Suite, Apt.	#, etc.	'	Suite, Apt. #, etc.				5. Certifcate of Status Desired	1		dditional
22		27 -			-3-5-		J. Certificate of Citatus Besilied		ee Rec	quired
City & State	e .		City & State				6. Election Campaign Financing		5.00 N	,
23	·	28					Trust Fund Contribution		dded to	Fees
Zip	Country	Ь	Zip		ıntry	1	8. This corporation owes the current	year Intangible Y∈ ∏		□No
24	25	29		30			Personal Property Tax. 10. Name and Address of New Regi	- -		
	9. Name and Address of Curren	nt Regis	tered Agent		81	Name	10. Name and Address of New Negr	stered Agent	<u> </u>	
CAN	TRELL, JUDY E.				82					
2360 SE 173RD COURT						Street Addr	ress (P.O. Box Number is Not Acceptable)		
	ER SPRINGS FL 34488									
	LIT OF TRIBOOT L OTTOO									
	EN OFMINOS I E STYGO				\square					
	EN OF MINOS I E STAGE				84	City		FL 85	Zip C	ode
SILVI	to the provisions of Sections 607.050)2 and 6	07.1508. Florida Statu	ites, the a	hove	e-named corn	poration submits this statement for the pur	pose of chang	ina its r	registered
SILVI	to the provisions of Sections 607.050	of Floric	ta. Such change was	authorized	above	e-named corp	poration submits this statement for the pur on's board of directors. I hereby accept the	pose of chang	ina its r	registered
SILVI 11. Pursuant office or re agent. I ar	to the provisions of Sections 607.050	of Floric	ta. Such change was	authorized	above	e-named corp	poration submits this statement for the pur on's board of directors. I hereby accept the	pose of chang	ina its r	registered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

625-0088

Change

Addition