Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90088 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017688

1. Corporation Name

STREET ADDRESS

MCCARTHY INSURANCE AGENCY, INC.

MOOATT	THOUSIANCE AGENCY						
Principal Place	of Business	Mailing Address			E SERVICE IN COUNTY DIGIT CONTY CONTY CONTY	11841 18818 8111	31 18181 1911 1881
2505 ENTERPRISE RD 2505 ENTERPRISE RD							
CLEARWATER FL 34623-1100 CLEARWATER FL 34623-110			0				
US US					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					03/07/1994		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3228097	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Required	
22		27 City & Casto					
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
23	Country	Zip	Countr			_	110 Fees
Zip 23 ~/ 2 ~	Country			′	8. This corporation owes the current year In	tangibie Yes	⊡ Ao
₂₄ 33763 -			30		Personal Property Tax. 10. Name and Address of New Registered		140
	9. Name and Address of Current	Registered Agent	81	Name	10. Italio alia Adalesa di Itali Rogistalia	Agoin	
MCCA	ARTHY, EUGENE J			110			
2505 ENTERPRISE RD			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34623			0.2				
OLLA	INVAICH IE STOES		83	'			
			84	City	, , , , , , , , , , , , , , , , , , ,	85 Zip	Code
					FL		
office or re agent. I an	ogistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	ntment as r	registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Age	nt signature req	uired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		. ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	DPST	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MCCARTHY, EUGENE J		1.2 NAME				
STREET ADDRESS	2505 ENTERPRISE RD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATR FL 33763	1100	1.4 CITY-5	6T-ZIP	·		
TITLE		☐ DELETE	2.1 TITLE			Change	e Addition
NAME			2.2 NAME				
STREET ADDRESS			23 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	1			
TITLE		☐ DELETE	3.1 TITLE			Change	B Addition
NAME			3.2 NAME		•		
				T ADDRESS			
STREET ADDRESS			3.4, CITY-				
CITY-ST-ZIP		[] DELETE	4.1 TITLE	31-LIF		["] Change	e
TITLE							
NAME			4. 2 NAME				
STREET ADDRESS	·		1	TADDRESS			İ
CITY-ST-ZIP		Document	4.4 CITY-S	i+ZIP		Change	e [] Addition
TITLE		☐ DELETE	5.1 TITLE	Ì	· <u>.</u>	⊢1 Anonigo	, [] Addition
NAME			5.2 NAME	T ADDOCCO	·		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	SI-ZIP			
TITLE		☐ OELETE	6.1 TITLE	ļ		Change	e Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS	.*		

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 suppliemental 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.

6.4 CITY- ST-ZIP