

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

99 OCT 14 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073619

1. Corporation Name

AFFORDABLE INSURANCE AGENCY OF PUTNAM COUNTY, INC

C. Auto Insurance Specialist, Inc

Principal Place of Business

5111 CRILL AVE
PALATKA FL 32177
US

Mailing Address

RT 7 BOX 719
PALATKA FL 32177
US

31199 90251 047 \$50.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

59-3270819

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

9. Name and Address of Current Registered Agent

HARPER, CONNIE
922 SOUTH HWY 19
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Connie Harper

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HARPER, CONNIE
STREET ADDRESS RT 4 BOX 1059
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

NAME TALLMAN, WILLIAM
STREET ADDRESS RT 4 BOX 1059 / P.O. BOX 2332
CITY-ST-ZIP PALATKA FL

TITLE ☒ DELETE

NAME HARPER, RODNEY
STREET ADDRESS RT 4 BOX 1059
CITY-ST-ZIP PALATKA FL 32177

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(b), 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:

Connie Harper

1-4-99 904 328-4898

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone

KE