

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90052 047 ***150.00

DOCUMENT # P95000036655

1. Corporation Name

BEST INSURANCE CORPORATION



Principal Place of Business

Mailing Address

~~14517 EAGLE CREST LANE~~

~~14517 EAGLE CREST LANE~~

~~JACKSONVILLE FL 32258~~

~~JACKSONVILLE FL 32258~~

1146 GREENSTONE BLVD #200

1146 GREENSTONE BLVD #200

HEATHROW, FL 32746

HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1995

2. Principal Place of Business

2a. Mailing Address

1146 GREENSTONE BLVD

1146 Greenstone Blvd

Suite, Apt. #, etc. **#200**

Suite, Apt. #, etc. **#200**

City & State

City & State

HEATHROW, FLORIDA

Heathrow, Florida

Zip

Zip

32746

32746

Country **U.S.**

Country **U.S.**

4. FEI Number

59-3311963

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

10. Name and Address of New Registered Agent

ROWE, ROBIN L
14517 EAGLE CREST LANE
JACKSONVILLE FL 32258

**1146 Greenstone
Blvd #200
Heathrow, FL
32746**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PO**
STREET ADDRESS **ROBIN L. ROWE**
CITY-ST-ZIP **1146 Greenstone Blvd**
14517 EAGLE CREST LN
JACKSONVILLE FL **Heathrow, FL 32746**

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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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99

407 804-1936

CR2E034 (11/98)