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

DOCUMENT # P95000077512

1. Corporation Name

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90107 025 ***150.00

FLORIDIAN INSURANCE AGENCY, INC.								
							 	
							. 	(a l 1/ a l 2 / al (al 1
Principal Place	e of Business	Mailing Address				1 18811891 118 16161 61111 88114 88111 6811	. 86(1) 18811 18841 91	(8) 11919 (10) 1891
11135 SPRING HILL DRIVE 11135 SPRING HILL DRIVE								
SPRING HILL F				DO NOT WIDITE IN	THE COACE			
				<u> </u>	Dot	DO NOT WRITE IN te Incorporated or Qualifed	THIS SPACE	
				3.		/05/1995		
2. Principal P	ace of Business	2a. Mailing Address		4		Number		Applied For
21 26			\ "		-3343913	· 1—1—	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22				5:	Cer	rtifcate of Status Desired 🜊 🔲.		Required -
City & State City & State				6.	. Elec	ction Campaign Financing	\$5.0	0 May Be
23		28				st Fund Contribution		d to Fees
Zip	Country	Zip	Country	8.	This	s corporation owes the current ye	ar Intangible	
24	25	29 30	<u> </u>			sonal Property Tax.	☐Yes	□No
	9. Name and Address of Curren	t Registered Agent		-	. Nar	me and Address of New Regist	ered Agent	
KIEG	ZNOWCKI ICAN	(MARRIKO)	81 Name	JEI	3~1	I PATERNITI		
KIESZNOWSKI, JEAN (MAYLRIKり) 11135 SPRING HILL DRIVE 82 Street Av						Box Number is Not Acceptable)		
CODING LINE EL ALCOC								
Or Al	ING THEE I E 34003		83			•		
			84 City				85 Zit	p Code
							FL ° 2	
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	the above-named orized by the corpo	corporation or control	n sub oard	imits this statement for the purpo of directors. I hereby accept the	ise of changing i appointment as	ts registered registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florida	a Statutes.			, ,		Ĭ
SIGNATURE	Signature, typed or printed name of registered ager	AND COURT DE			-/1-1	No.	VE.	
12.		D DIRECTORS	gistered Agent signature r			ITIONS/CHANGES TO OFFICER		FORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change	
NAME	KIESZNOWSKI, JEAN		1.2 NAME	JEA	N	PATERNITI		
STREET ADDRESS	3401 CULBREATH RD	1	1.3 STREET ADDRESS					
C/TY+ST-Z/P	BROOKSVILLE FL 34602		1.4 CITY-ST-ZIP					
TITLE	VPT	☐ DELETE	2.1 TM.E	 			☐ Change	e 🔲 Addition
NAME	PATERNITI, FRANK		2.2 NAME					
STREET ADDRESS	3401 CULBREATH RD		2.3 STREET ADDRESS					
CITY-ST-ZIP	BROOKSVILLE FL 34602		2.4 CITY-ST-ZIP	ļ			- . -	
TITLE	S	DELETE DELETE	3.1 TITLE	1			☐ Change	e Addition
NAME	TUCKER, TARA G		3.2 NAME					
STREET ADDRESS	3173 PAINTER ST	i	3.3 STREET ADDRESS	1				
CITY-ST-ZIP	SPRINGHILL FL 34606		3.4. CITY-ST-ZIP	Ì				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	e Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					ſ
CITY-ST-ZIP			4.4 CITY-ST-ZIP			·		
TITLE		☐ DELETE	5.1 TITLE				☐ Change	e
NAME		ļ	5.2 NAME					
STREET ADDRESS		i	5.3 STREET ADDRESS	1				

64 CITY-ST-ZIP 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 appendires, with all other like empowered.

5.4 CiTY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

352 796 1270

Change

Addition