


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90107 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000077512					
1. Corporation Name FLORIDIAN INSURANCE AGENCY, INC.					
Principal Place of Business 11135 SPRING HILL DRIVE SPRING HILL FL 34609			Mailing Address 11135 SPRING HILL DRIVE SPRING HILL FL 34609		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3343913	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KIESZNOWSKI, JEAN 11135 SPRING HILL DRIVE SPRING HILL FL 34609				10. Name and Address of New Registered Agent	
(MARRIED)				81	Name JEAN PATERNITI
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	KIESZNOWSKI, JEAN				
STREET ADDRESS	3401 CULBREATH RD				
CITY-ST-ZIP	BROOKSVILLE FL 34602				
TITLE	VPT	<input type="checkbox"/> DELETE			
NAME	PATERNITI, FRANK				
STREET ADDRESS	3401 CULBREATH RD				
CITY-ST-ZIP	BROOKSVILLE FL 34602				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	TUCKER, TARA G				
STREET ADDRESS	3173 PAINTER ST				
CITY-ST-ZIP	SPRINGHILL FL 34606				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 12 99 352 796 1270

CR2E034 (11/98)