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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000090513

1. Corporation Name
FLORIDA DIVERSIFIED INSURANCE, INC.

Principal Place of Business

Mailing Address

7850 ULMERTON RD
2A
LARGO FL 33771
US

7850 ULMERTON RD
2A
LARGO FL 33771
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

59-3345427

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

2. Principal Place of Business

2a. Mailing Address

21 944 SW BAYSHORE BLVD

22 City & State
23 Port St. Lucie FL

24 Zip 34983 25 Country USA

26 944 SW BAYSHORE BLVD

27 City & State
28 Port St. Lucie FL

29 Zip 34983 30 Country USA

Suite, Apt. #, etc.

27 City & State

29 Zip 34983 30 Country USA

9. Name and Address of Current Registered Agent

FOWLER, MARGARET E
9209 SEMINOLE BLVD., #112
SEMINOLE FL 34642

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: MARGARET E. FOWLER

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

(NOT E: Registered Agent signature required when reinstalling)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME FOWLER, MARGARET E
STREET ADDRESS 9209 SEMINOLE BLVD #112
CITY-ST-ZIP SEMINOLE FL 34642

TITLE P ☐ DELETE
NAME FOWLER, MARGARET E
STREET ADDRESS 6808 NW JORGENSEN Rd.
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

MARGARET E. FOWLER

MARGARET E. Fowler

4/26/99

Date

(561) 878-1144

Daytime Phone #

CR2E034 (11/98)

0419836