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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091660 1. Corporation Name

JIM-VIGUE INSURANCE AGENCY, INC.

District Disease of Business
Principal Place of Business
3446 49TH STREET N
ST. PETERSBURG FL 33710

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90008 029 ***150.00



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Principal Place	e of Business	Mail	ing Address	•					,		
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							3. Date Incorporate	ed or Qualifed		·	}
							12/01/1995		•		
2 Principal P	lace of Business	2a.	Mailing Address	'			4. FEI Number			Applied For]
21		26	_				59-3348918	<u> </u>	N	lot Applicable] :
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	****			5. Certifcate of Sta	tus Desired		Additional	35
22		27					5. Certificate of Sta	ius Desired 🗀	· Fee f	Required	4
City & Stat	te		City & State				6. Election Campa	ign Financing		May Be	
23		28					Trust Fund Cont	tributión		to Fees	4
Zip	Country		Zip	Cou	ntry	•	8. This corporation	owes the current y			-
24	25	29		30			Personal Proper		☐Yes	□No	4
	9. Name and Address of Cur				-41	- :	10. Name and Add	ress of New Regis	tered Agent		┨
-	D. DDIDLEVA	MIJI	\$300 July		81 Na	ame		*		,	
	DD, BRADLEY J	(. B.K.).		· i	82 St	reet Addre	ess (P.O. Box Number	is Not Acceptable)			7
	NINTH STREET NORTH	. 7		ļ			1 to make	**** T	A secondary contact	11 - 4 3 5 8 84 - 3 5 . 4 \$ 85 5 7 75 15 - \$ \$ \$ 5	-
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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.