

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  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90089 021 \*\*\*150.00

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DOCUMENT # P96000017708

1. Corporation Name  
AFFORDABLE INSURANCE, INC.

Principal Place of Business

3603 S CONWAY RD  
ORLANDO FL 32812

Mailing Address

3603 S CONWAY RD  
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

59-3431033

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

21 5062 S. CONWAY RD.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32812

Country

25 ORANGE

2a. Mailing Address

26 5062 S. CONWAY RD.

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip

29 32812

Country

30 ORANGE

9. Name and Address of Current Registered Agent

NUGENT, THOMAS M  
12226 DICKENSON LANE  
ORLANDO FL 32821-7650

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME NUGENT, THOMAS M  
STREET ADDRESS 3603 S CONWAY RD  
CITY-ST-ZIP ORLANDO FL 32812

TITLE VPS  
NAME NUGENT, CORINNE A.  
STREET ADDRESS 3603 S CONWAY RD  
CITY-ST-ZIP ORLANDO FL 32812

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 P ☒ Change ☐ Addition  
1.2 NAME NUGENT, THOMAS M.  
1.3 STREET ADDRESS 5062 S. CONWAY RD. ☒ Change  
1.4 CITY-ST-ZIP ORLANDO, FL 32812

2.1 TITLE VPS ☒ Change ☐ Addition  
2.2 NAME NUGENT, CORINNE A.  
2.3 STREET ADDRESS 5062 S. CONWAY RD. ☒ Change  
2.4 CITY-ST-ZIP ORLANDO, FL 32812

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: Thomas M. Nugent THOMAS M. NUGENT

2/12/99 (407) 251-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)