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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 # **P96000049369**

1. Corporation Name
NOONAN INSURANCE SERVICES INC.

Principal Place of Business 725 NORTH A1A SUITE A-106 JUPITER FL 33477	Mailing Address 725 NORTH A1A SUITE A-106 JUPITER FL 33477
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0671458

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 **873 WINDERMERE WAY**

Suite, Apt. #, etc.

22

City & State

23 **PALM BEACH GARDENS**

Zip

24 **33418**

Country

25 **USA**

2a. Mailing Address

26 **873 WINDERMERE WAY**

Suite, Apt. #, etc.

27

City & State

28 **PALM BEACH GARDENS**

Zip

29 **33418**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**NOONAN, PETER J
725 NORTH A1A SUITE A-106
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name

NA

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 **PETER J. NOONAN**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-1999
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **NOONAN, MARGE M**

STREET ADDRESS **873 WINDERMERE WAY**

CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ DELETE

NAME **NOONAN, PETER J**

STREET ADDRESS **873 WINDERMERE WAY**

CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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: **PETER J. NOONAN**
Signature, typed or printed name of signing officer or director

1/25/1999
Date

561-799-6683
Daytime Phone #

CR2E034 (11/98)