

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 043 ***550.00

DOCUMENT # **P96000059227**

Corporation Name

CHINN INSURANCE OF COCOA, INC.



Principal Place of Business

**1050 NO COCOA BLVD.
COCOA FL 32922**

Mailing Address

**1050 NO COCOA BLVD.
COCOA FL 32922**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1996

Principal Place of Business

100 Riverside Dr.

Suite, Apt. #, etc.

Unit 705

City & State

Cocoa, FL 32922

Zip

32922

Country

25 Brevard

2a. Mailing Address

26 100 Riverside Dr.

Suite, Apt. #, etc.

27 Unit 705

City & State

28 Cocoa, FL 32922

Zip

29 32922

Country

30 Brevard

4. FEI Number

59-3381779

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHINN, JEFFREY F
1050 NO COCOA BLVD.
COCOA FL 32922**

81 Name

Janie B. Cox

82 Street Address (P.O. Box Number is Not Acceptable)

100 Riverside Drive, Unit 705

83

84 City

Cocoa

FL

85 Zip Code

32922

I, 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 in, section 607.0505, Florida Statutes.

GNATURE

Signature: typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/6/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☒ DELETE

CHINN, JEFFREY F
1050 NO COCOA BLVD.
COCOA FL 32922

2. NAME ☐ DELETE

3. NAME ☐ DELETE

4. NAME ☐ DELETE

5. NAME ☐ DELETE

6. NAME ☐ DELETE

7. NAME ☐ DELETE

8. NAME ☐ DELETE

9. NAME ☐ DELETE

10. NAME ☐ DELETE

11. NAME ☐ DELETE

12. NAME ☐ DELETE

13. NAME ☐ DELETE

14. NAME ☐ DELETE

15. NAME ☐ DELETE

16. NAME ☐ DELETE

17. NAME ☐ DELETE

18. NAME ☐ DELETE

19. NAME ☐ DELETE

20. NAME ☐ DELETE

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

Janie B. Cox

1.3 STREET ADDRESS

100 Riverside Drive, #705

1.4 CITY-ST-ZIP

Cocoa, FL 32922

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

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.

SIGNATURE:

SIGNATURE REQUIRED

9/6/99

CR2E034 (5/99)