


FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007525 (3)

1. Corporation Name

FOURTH STREET INSURANCE PROFESSIONALS INC.

Principal Place of Business

**5800 4TH STREET NO
ST PETERSBURG FL**

Mailing Address

**POST OFFICE BOX 7069
ST PETERSBURG FL 33734**

2. Principal Place of Business

5800 (14) ST N

Suite, Apt. #, etc.

2a. Mailing Address

5800 (14) ST N

Suite, Apt. #, etc.

City & State

ST. Petersburg, FL

Zip **33703**

Country

Pineles

City & State

St. Petersburg, FL

Zip **33703**

Country

Pineles

g. Name and Address of Current Registered Agent

**VALESKY, PAUL M
1817 16TH STREET NO
ST PETERSBURG FL 33704**

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

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

(NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS

TITLE

President Paul m Valesky

☐ DELETE

NAME

1817 16th St N

STREET ADDRESS

ST. PETERSBURG, FL

CITY - ST - ZIP

33704

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS