## 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** 

## DOCUMENT # P97000015031

LANGSTON INSURANCE OF CASSELBERRY, INC

Principal Place of Business Mailing Address 500 E HWY 436 SUITE 16 500 E HWY 436 SUITE 16 CASSELBERRY FL 32707 CASSELBERRY FL 32707 3. Date incorporated or Qualifed -02/13/1997 2a. Mailing Address 2. Principal Place of Business 59-3435266 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip 30 Personal Property Tax. 24 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90069 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

XΝο

LANGSTON, GEORGE E 301 PINEWILD CT			81	Nan	пе			1	
			82	Stre	Street Address (P.O. Box Number is Not Acceptable)				
ORLA	NDO FL 32828		83	3					
			84	City			85 Zip (	Code	
						<u>FL</u>	shanaina ita	ragistared	
office or re	o the provisions of Sections 607.0502 a gistered agent, or both, in the State of F n familiar with, and accept the obligation	lorida. Such change was au	thorized by	the co	ed corporation submits this statem progration's board of directors. I he	ereby accept the appoin	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE:	Registered Age	ent signati	re required when reinstating)	DATE	<del></del>		
12.	OFFICERS AND I		13.			ES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	LANGSTON, GEORGE E		1.2 NAME						
STREET ADDRESS	301 PINEWILD CT		1.3 STREE	T ADDRE	ss			1	
CITY-ST-ZIP	ORLANDO FL 32828		1.4 CITY-8	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME			2.2 NAME			•			
STREET ADDRESS			2.3 STREE	T ADDRE	ss	•			
CITY-ST-ZIP	• •	-	2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition	
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NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREE	T ADDRE	SS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE		SS				
CITY-ST-ZIP*C	A STATE OF THE PARTY OF THE PAR		6.4 CITY-5						
indicated (	ertify that the information supplied with ton this annual report or suppliemental ap	ofual report i≲ true and a≎cur	rate and tha	atmvs	ionature shall have the same legal	i ettect as it made unde	er oath; that	ram an	
officer or o	director of the corporation or the received or Block 13 if changed, or on an attachm	r or trustee empowered to ex	(ecute this i	report :	as required by Chapter 607, Florid	la Statutes; and that m	y name appo	ears in	