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Secretary of State

03-01-1999 90148 021 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000047297

1. Corporation Name

APPLE INSURANCE MALL OF PINELLAS PARK, INC.

Principal Place of Business
5265 PARK BOULEVARD
PINELLAS PARKS FL

Mailing Address
325 N FEDERAL HWY
BOYNTON BEACH FL 33435
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

59-3447307

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 5201 Park Blvd.

Suite, Apt. #, etc.

22

City & State

23

Zip

24 33781

Country

25 USA

2a. Mailing Address

26 101 N. Missouri Ave

Suite, Apt. #, etc.

27 Suite 2

City & State

28 Clearwater FL

Zip

29 33755

Country

30 USA

9. Name and Address of Current Registered Agent

WATSON, CHARLES S
325 NORTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

McVEIGH, PAMELA M

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

325 N FEDERAL HWY

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33435

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

Pamela M. McVeigh

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

(NOTE: Registered Agent signature required when reinstating)

1/27/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, CHARLES S	
STREET ADDRESS	325 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MCVEIGH, PAMELA M	
STREET ADDRESS	2800 N. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BCH. FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John J. Naughton
3.3 STREET ADDRESS	101 N. Missouri Ave
3.4 CITY-ST-ZIP	Clearwater, FL 33755
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Pamela M. McVeigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

(561) 732-7702

Daytime Phone #

CR2E034 (11/98)