PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061328

1. Corporation Name

SINGLETON'S INSURANCE AGENCY, INC.

Moiling Addrose

May 19, 1999 8:00 am Secretary of State

05-19-1999 90009 019 ***300.00



Principal Place	e or business	Mailing Address			
1241 WEST THARPE STREET C-4 1241 WEST THARPE STREET					
	LAHASSEE FL 32303 TALLAHASSEE FL 32303				
US	US				DO NOT WRITE IN THIS SPACE
••	**				Date Incorporated or Qualifed
					07/15/1997
2. Principal Place of Business , 2a. Mailing Address					4. FEI Number Applied For
21 by W. Therpe Stcy 26					59-3457889 Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 10 1 27					5. Gertificate of Status Besilied Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 323 115 28					Trust Fund Contribution Added to Fees
Zip	Country	ry Zip Cour		/	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current		1		10. Name and Address of New Registered Agent
	3. Name and Address of Current	registered Agent	81	Name	<u></u>
SING	GLETON, PATRICIA A			110	
				Street A	ddress (P.O. Box Number is Not Acceptable)
171 O'NEAL WAY					
HAV.	ANA FL 32333		83		
				ļ <u>.</u>	O 7 O do
			84	City	FL 85 Zip Code
44 Dimension	- thining of Ctings 607 0502	and 507 1509 Elorida Statutos	the abov	o named co	ernoration cultimite this statement for the purpose of changing its registered
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					
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 an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Talman 1 Diralita 4-15-99					
Signature, typed or printed name of registered agent and titley applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	SINGLETON, PATRICIA A		1.2 NAME		
STREET ADDRESS	22 4 707 7101		13 STDEE	T ADDRESS	
	LINUALITY EL CORGO				
CITY-ST-ZIP	HAVANA FL 32333	☐ DELETE	1.4 CITY-5	31-212	☐ Change ☐ Addition
TITLE		CT Derese	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS	RESS 2.3		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	1P 2.		2. 4 CITY-	ST-ZIP	
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
				TADORECE	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			3 4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	ļ	
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	+	☐ Change ☐ Addition
\			5.2 NAME		
NAME					
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
1 .	-mitel	•	6.3 STREE	T ADDRESS	
STREET ADDRESS		İ	6.4 CITY-5	ST-ZIP	
kr CHX-SI-Z⊞ I ∩II	11 1 1 1 1 W Market 11 1 1		S		

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 polemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in an attachment with an addresse with all other like empowered.