

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90075 010 ***150.00

DOCUMENT # P97000071343

1. Corporation Name

HART & HART INSURANCE OF MANATEE COUNTY, INC.

Principal Place of Business

4301 32ND ST., W., STE. C17
BRADENTON FL 34205

Mailing Address

4301 32ND ST., W., STE. C17
BRADENTON FL 34205



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0782888

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 1877 Northgate Blvd

2a. Mailing Address

26 P.O. Box 3017

Suite, Apt. #, etc.

22 Ste. 1

Suite, Apt. #, etc.

27

City & State

23 Sarasota FL

City & State

28 Sarasota FL

Zip

24 34234

Country

25 USA

Zip

29 34230

Country

30 USA

9. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P
2033 MAIN ST.
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HART, H. TERRELL H
STREET ADDRESS P.O. BOX 3017 N/A
CITY-ST-ZIP SARASOTA FL 34230
☒ DELETE

TITLE D
NAME MOORE, PATRICIA A
STREET ADDRESS 1206 56TH ST., W.
CITY-ST-ZIP BRADENTON FL 34209
☒ DELETE

TITLE D
NAME Barry D. Hart
STREET ADDRESS P.O. Box 3017
CITY-ST-ZIP Sarasota FL 34230
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE D
3.2 NAME Barry D. Hart
3.3 STREET ADDRESS P.O. Box 3017
3.4 CITY-ST-ZIP Sarasota FL 34230
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

941-355-6646

Date

Daytime Phone #

CR2E034 (11/98)