

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 10, 1999 8:00 am  
Secretary of State

05-10-1999 90063 046 \*\*\*150.00

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DOCUMENT # P97000075942

1. Corporation Name

AMERICA'S INSURANCE SOLUTIONS, INC.

Principal Place of Business

253 COREY AVE  
ST PETE BEACH FL 33706

Mailing Address

253 COREY AVE  
ST PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

NOT APPLICABLE

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 3414 Mullen  
Suite, Apt. #, etc.

22 City & State

23 TAMPA, FL

24 33806 25 USA

2a. Mailing Address

26 RT #1 Box 668A  
Suite, Apt. #, etc.

27 Pisgah Hwy

28 City & State

CANDLER NC

29 28715 30 USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

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

4/30/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NENEZIAN, GEORGE	
STREET ADDRESS	7000 ABERDEEN WAY	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUND, ALAN	
STREET ADDRESS	17363 SW 267 LANE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, JOE H	
STREET ADDRESS	7812 THIRD AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, THOMAS	
STREET ADDRESS	315 S CALHOUN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
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	D + P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Judy Holloway	
1.3 STREET ADDRESS	3414 Mullen	
1.4 CITY-ST-ZIP	TAMPA, FL 33806	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Holloway, Joe	
3.3 STREET ADDRESS	3414 Mullen	
3.4 CITY-ST-ZIP	TAMPA, FL 33806	
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:

Judy Holloway  
Judy Holloway

4/30/99 828-667-9704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)