

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90107 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000083852

1. Corporation Name

INTEGRITY FIRST INSURANCE CORPORATION

Principal Place of Business

**12794 FOREST HILL BLVD., STE. 34
WELLINGTON FL 33414**

Mailing Address

**12794 FOREST HILL BLVD., STE. 34
WELLINGTON FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

65-0819634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JOHNSON, ROBERT E
12794 FOREST HILL BLVD., STE. 34
WELLINGTON FL 33414**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
BARKER, LEX L
2860 CESNA WAY
WELLINGTON FL 33414**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CD
JOHNSON, ROBBIE S.
12794 FOREST HILL BLVD, SUITE 34
WELLINGTON FL 33414**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
PEDUTO, PATRICK J
3940 BUTTERCUP CIRCLE
PALM BEACH GARDENS FL 33410**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**STD
FRASER, CAROL
1540 OLD HICKORY ROAD
BRENTWOOD DAVIDSON TN 37027**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**EVPD
RENUZZI, OLGA
2917 S. OCEAN BLVD
HIGHLAND BEACH FL 33487**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**~~0000~~
CANNELL, THOMAS
124 VISTA LUNA DR
DAVIE FL 33323**

☒ 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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ 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

LEX BARKER

1/25/99

(561) 790-0303

Date

Daytime Phone #

CR2E034 (1/198)