

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  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90015 045 \*\*\*158.75

DOCUMENT # P97000088868

1. Corporation Name

COLLIN & JAMES INSURANCE, INC.

Principal Place of Business

9200 BONITA BEACH ROAD STE. 208  
BONITA SPRINGS FL 34135

Mailing Address

9200 BONITA BEACH ROAD STE. 208  
BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

59-3483586

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

2a. Mailing Address

21 9148 BONITA BEACH RD

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 210

27

City & State

City & State

23 BONITA SPRINGS

28

Zip Country

Zip Country

24 34135

25 LEE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOLEY, JOHN  
4532 TAMiami TRAIL EAST  
SUITE 401  
NAPLES FL 33962

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME JAMES V PONTUS  
STREET ADDRESS 9200 BONITA BCH RD #208  
CITY-ST-ZIP BONITA SPRGS FL 34135

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P

JAMES V. PONTE  
9148 BONITA BCH RD #210  
BONITA SPRINGS FL 34135

☒ Change ☐ Addition

TITLE S ☐ DELETE

NAME JOAN HOOLEY  
STREET ADDRESS 9200 BONITA BCH RD #208  
CITY-ST-ZIP BONITA SPRGS FL 34135

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S

JOHN HOOLEY  
4532 TAMiami TRAIL EAST ST 401  
NAPLES, FL 33962

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1/26/99 941-947-6355

Date

Daytime Phone #

CR2E034 (11/98)