

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90023 007 ***150.00

DOCUMENT # P98000005576

1. Corporation Name

SSH INSURANCE, INC.



Principal Place of Business

2911 OCEAN DRIVE
VERO BEACH FL 32963

Mailing Address

2911 OCEAN DRIVE
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HENDRIX, C. KENNON
1443 20TH STREET
SUITE F
VERO BEACH FL 32960

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** ☐ DELETE

NAME **STRUVE, JOHN M**
STREET ADDRESS **2911 OCEAN DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ DELETE

NAME **SCHWIERING, JAMES M**
STREET ADDRESS **2911 OCEAN DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ DELETE

NAME **HENDRIX, C. KENNON**
STREET ADDRESS **1443 20TH STREET SUITE F**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. 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 changed, or on an attachment with an address.

SIGNATURE:

C. KENNON HENDRIX, DIRECTOR

07/14/99

(561) 778-3777

Date

Daytime Phone #

CR2E034 (5/99)

0021012

596470-90023-7
P98000005576

LAW OFFICES
HENDRIX & BRENNAN
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS
1443 TWENTIETH STREET
SUITE F
POST OFFICE BOX 520
VERO BEACH, FLORIDA 32961-0520

H. RANDAL BRENNAN
C. KENNON HENDRIX
BOARD CERTIFIED CIVIL TRIAL LAWYERS
OF COUNSEL
DAVID A. CAIRNS

TELEPHONE (561) 778-3777
FACSIMILE (561) 778-3835

July 14, 1999

Katherine Harris, Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: SSH INSURANCE, INC.

Dear Ms. Harris:

Please be advised that this office represents SSH Insurance, Inc. I am in fact the registered agent of the corporation. It is my understanding that you recently spoke to Mr. John Struve, President of the corporation, who advised you that he did not receive the original Annual Report packet. He did recently receive the second notice which was mailed to the corporate address at 2911 Ocean Drive, Vero Beach, Florida 32963-1950. He contacted your office and was informed that there had been some problems with the mailing of Annual Reports this year, and that if prompt payment of \$150.00 was made this fee would be accepted in lieu of the penalty payment of \$550.00. Accordingly, this firm's check number 10832 is enclosed.

Please provide acknowledgment of this letter so as to verify that this payment is adequate and acceptable for keeping this corporation active.

Thank you for your attention.

Very truly yours,

HENDRIX & BRENNAN

By: 
C. Kennon Hendrix

CKH:gkd

Enclosure