

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90100 001 \*\*\*150.00

**DOCUMENT # P98000006898**

## 1. Corporation Name

**HIGH MARK INSURANCE AND FINANCIAL SERVICES OF SA  
RASOTA COUNTY, INC.**

## Principal Place of Business

10575 OLD DIXIE HIGHWAY  
ST. AUGUSTINE FL 32095

## Mailing Address

10575 OLD DIXIE HIGHWAY  
ST. AUGUSTINE FL 32095



DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

01/22/1998

## 4. FEI Number

59-3489614

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes☐ No

## 2. Principal Place of Business

## 2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 9. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY**  
**225 WATER STREET**  
**SUITE 1800**  
**JACKSONVILLE FL 32202**

## 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

☐ DELETE

## 1.1 TITLE

## 1.2 NAME

## 1.3 STREET ADDRESS

## 1.4 CITY-ST-ZIP

## 2.1 TITLE

## 2.2 NAME

## 2.3 STREET ADDRESS

## 2.4 CITY-ST-ZIP

## 3.1 TITLE

## 3.2 NAME

## 3.3 STREET ADDRESS

## 3.4 CITY-ST-ZIP

## 4.1 TITLE

## 4.2 NAME

## 4.3 STREET ADDRESS

## 4.4 CITY-ST-ZIP

## 5.1 TITLE

## 5.2 NAME

## 5.3 STREET ADDRESS

## 5.4 CITY-ST-ZIP

## 6.1 TITLE

## 6.2 NAME

## 6.3 STREET ADDRESS

## 6.4 CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change☒ Addition

## 1.1 TITLE

## 1.2 NAME

## 1.3 STREET ADDRESS

## 1.4 CITY-ST-ZIP

## 2.1 TITLE

## 2.2 NAME

## 2.3 STREET ADDRESS

## 2.4 CITY-ST-ZIP

## 3.1 TITLE

## 3.2 NAME

## 3.3 STREET ADDRESS

## 3.4 CITY-ST-ZIP

## 4.1 TITLE

## 4.2 NAME

## 4.3 STREET ADDRESS

## 4.4 CITY-ST-ZIP

## 5.1 TITLE

## 5.2 NAME

## 5.3 STREET ADDRESS

## 5.4 CITY-ST-ZIP

## 6.1 TITLE

## 6.2 NAME

## 6.3 STREET ADDRESS

## 6.4 CITY-ST-ZIP

**ROBERT LUCCI**  
**3212 GULF GATE DR**  
**SARASOTA, FL.**

**CEO**  
**JOHN B. HAAT**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

**EVP, S**  
**MARK R. WELLS**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

**T. ASST SGT**  
**BARRY M. Fitterman**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

**VP**  
**JOHN PENNACHIO**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

**VP**  
**JOHN PENNACHIO**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

**VP**  
**JOHN PENNACHIO**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

**VP**  
**JOHN PENNACHIO**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

**VP**  
**JOHN PENNACHIO**  
**10575 OLD DIXIE RD.**  
**ST AUGUSTINE, FL.**

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

Date

Daytime Phone #

CR2E034 (1/98)