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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014696

1. Corporation Name

U.S. FIRE CONSULTANTS, INC.

Principal Place of Business 37440 Hanson COVE 57577RIVERBANK DRIVE Mailing Address 27440 HARBOL COX BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/13/1998 Applied For 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 59-3493290 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional . 🗆 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country Zip Zip □No Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KELLY, CHARLES M JR. Street Address (P.O. Box Number is Not Acceptable) **2640 GOLDEN GATE PARKWAY SUTIE 315** 83 NAPLES FL 34105 85 Zip Code 84 City 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) CR2E034-(11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE TITMAS, ROBERT J 1.2 NAME NAME 2 7440 HARBOR COUR 27577 RIVERBANK DRIVE-1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ☐ Addition DELETE ПΠΕ 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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 supplies that an under coath; that I am an officer or director of the corporation on 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 appear with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

HEWUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition