

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

DOCUMENT # P98000032794

1. Corporation Name

AGENCY SPECIALTY COVERAGE, INC.

Principal Place of Business

2196 PRINCE STREET  
SUITE D  
SARASOTA FL 34230

Mailing Address

2196 PRINCE STREET  
SUITE D  
SARASOTA FL 34230

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90119 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number

65-0831195

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

2196 PRINCETON ST

2a. Mailing Address

P.O. Box 2662

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34237

Country

USA

Zip

34230

Country

USA

9. Name and Address of Current Registered Agent

BOGUSZ, TED G  
2196 PRINCE STREET  
SUITE D  
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81 Name

THOMAS E. DANSON JR

82 Street Address (P.O. Box Number is Not Acceptable)

2196 PRINCETON ST, SUITE D

83

84 City

SARASOTA

FL

85 Zip Code

34237

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 THOMAS E. DANSON JR

PRESIDENT

3/15/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE TED G. BOGUSZ - VP ☐ DELETE  
NAME 2196 PRINCETON ST.  
STREET ADDRESS SARASOTA, FL 34237  
CITY-ST-ZIP

TITLE PRESIDENT ☐ DELETE  
NAME THOMAS E. DANSON JR  
STREET ADDRESS 2196 PRINCETON ST, SUITE D  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE SEC. TREAS ☐ DELETE  
NAME SOPHIA M. DANSON  
STREET ADDRESS 503 SPOONBILL WAY  
CITY-ST-ZIP SARASOTA, FL 34236-1821

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

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: THOMAS E. DANSON JR  
PRESIDENT 3/15/99 941-361-4379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)