

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  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90051 042 \*\*\*150.00

DOCUMENT # P98000040583

1. Corporation Name

AEGON EQUITY GROUP, INC.

Principal Place of Business

201 HIGHLAND AVENUE  
LARGO FL 33770

Mailing Address

201 HIGHLAND AVENUE  
LARGO FL 33770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

42-1474959

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

21 570 Carillon Parkway

2a. Mailing Address

26 PO Box 5068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 St Petersburg FL

27 City & State

28 Clearwater FL

24 Zip Country

33716-1202 USA

29 Zip Country

30 33758-5068 USA

9. Name and Address of Current Registered Agent

GEIGER, WILLIAM H  
201 HIGHLAND AVENUE  
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name

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

570 Carillon Parkway

83

84 City St Petersburg

FL

85 Zip Code

33716-1202

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 ☐ DELETE

NAME D  
KENNEY, JOHN R  
STREET ADDRESS 201 HIGHLAND AVENUE  
CITY-ST-ZIP LARGO FL 33770

TITLE ☒ DELETE

NAME D  
KENNEY, ALAN M  
STREET ADDRESS 201 HIGHLAND AVENUE  
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ DELETE

NAME D  
HURLEY, G. JOHN  
STREET ADDRESS 201 HIGHLAND AVENUE  
CITY-ST-ZIP LARGO FL 33770

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 + CEO

1.3 STREET ADDRESS 570 Carillon Parkway

1.4 CITY-ST-ZIP St. Petersburg FL 33716-1202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D+ EVP

2.3 STREET ADDRESS Yaeger, Alan M.

2.4 CITY-ST-ZIP 570 Carillon Parkway

St. Petersburg FL 33716-1202

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME + EVP

3.3 STREET ADDRESS 570 Carillon Parkway

3.4 CITY-ST-ZIP St. Petersburg FL 33716-1202

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D+ EVP

4.3 STREET ADDRESS Herb C Collins

4.4 CITY-ST-ZIP 570 Carillon Parkway

St. Petersburg FL 33716-1202

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME S

5.3 STREET ADDRESS William H. Geiger

5.4 CITY-ST-ZIP 570 Carillon Parkway

St. Petersburg FL 33716-1202

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME T

6.3 STREET ADDRESS Allan J. Hamilton

6.4 CITY-ST-ZIP 570 Carillon Parkway

St. Petersburg FL 33716-1202

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

William H Geiger 2/25/99 727-299-1831

Date

Daytime Phone #

CR2E034 (11/98)