

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90058 045 ***150.00

DOCUMENT # P98000049994

1. Corporation Name

FLORIDA HIWAY INSURANCE OF BREVARD, INC.

Principal Place of Business

4001 OLD DIXIE HWY #3
PLAM BAY FL 32905

Mailing Address

4001 OLD DIXIE HWY #3
PLAM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1998

4. FEI Number

59-3516971

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 4001 Dixie Hwy NE #3

2a. Mailing Address

26 4001 Dixie Hwy NE #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Palm Bay, FL

Zip

Country

24 32905

25 USA

City & State

28 Palm Bay, FL

Zip

Country

29 32905

30 USA

9. Name and Address of Current Registered Agent

YAREMA, CARL J
333 MAIN ST.
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

LINDA A. SHAW

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

4001 Dixie Hwy NE #3

83

84 City

Palm Bay

FL

85 Zip Code

32905

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

Linda A. Shaw Agent/Accountant

04-13-99

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 YAREMA, CARL J
STREET ADDRESS 333 MAIN ST.
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ DELETE

NAME JAMESON, RUSSELL
STREET ADDRESS 72 S. ORLANDO AVE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Secretary ☐ Change ☒ Addition

1.2 NAME LINDA A. SHAW

1.3 STREET ADDRESS 4001 Dixie Hwy NE #3

1.4 CITY-ST-ZIP Palm Bay, FL 32905

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:

Signature and typed or printed name of signing officer or director

04-13-99

Date

407-799-3313

Daytime Phone #

CRZE034 (11/98)

0669760