

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 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90012 047 \*\*\*300.00

DOCUMENT # P98000053799

1. Corporation Name

FLORIDA RESTAURANT INSURANCE SERVICE, INC.

Principal Place of Business

2005 PAN AM CIR., SUITE 300  
TAMPA FL 33607

Mailing Address

2005 PAN AM CIR., SUITE 300  
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

59-3517318

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 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD., SUITE A  
SEMINOLE FL 33777

10. Name and Address of New Registered Agent

81 Name

ROBERT K READEL

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

2005 PAN AM CIR

83

SFB 300

84 City

Tampa

FL

85 Zip Code

33607

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

2/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS EDGAR, PAUL A  
CITY-ST-ZIP 920 MONTEREY PT., N.E.  
ST. PETERSBURG FL 33704

TITLE ☐ DELETE  
NAME SECRETARY  
STREET ADDRESS READER  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME TREASURER  
STREET ADDRESS NELSON  
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

11 TITLE PRESIDENT ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE SECRETARY ☐ Change ☒ Addition  
22 NAME READER, ROBERT  
23 STREET ADDRESS 2806 COUNTRYSIDE BLVD 525  
24 CITY-ST-ZIP CLEARWATER FL 33761

31 TITLE TREASURER ☐ Change ☒ Addition  
32 NAME NELSON, JAMES  
33 STREET ADDRESS 2245 GLYNDEN PT RD  
34 CITY-ST-ZIP LUTZ FL 33549

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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

Date

Daytime Phone #

CR2E034 (11/98)