


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90022 024 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000063663**
1. Corporation Name
THE ORCHID-INSURANCE AGENCY, INC.



Principal Place of Business
**2911 OCEAN DRIVE
VERO BEACH FL 32963**

Mailing Address
**2911 OCEAN DRIVE
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1998

4. FEI Number
65-0818753

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. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HENDRIX, KENNON
1443 20TH STREET
SUITE F
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, C. KENNON	1.2 NAME	HENDRIX, C. KENNON
STREET ADDRESS	1443 20TH STREET, SUITE F	1.3 STREET ADDRESS	1443 20th Street, Suite F
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	Vero Beach. FL 32960
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	STRUVE, JOHN M.
STREET ADDRESS		2.3 STREET ADDRESS	2911 Ocean Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ SIGNATURE REQUIRED 07/14/99 (561) 778-3777

CR2E034 (5/99)

P9800063663
596437-910022-24

LAW OFFICES
HENDRIX & BRENNAN
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS
1443 TWENTIETH STREET
SUITE F
POST OFFICE BOX 520
VERO BEACH, FLORIDA 32961-0520

TELEPHONE (561) 778-3777
FACSIMILE (561) 778-3835

H. RANDAL BRENNAN
C. KENNON HENDRIX
BOARD CERTIFIED CIVIL TRIAL LAWYERS
OF COUNSEL
DAVID A. CAIRNS

July 14, 1999

Katherine Harris, Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: THE ORCHID INSURANCE AGENCY, INC.

Dear Ms. Harris:

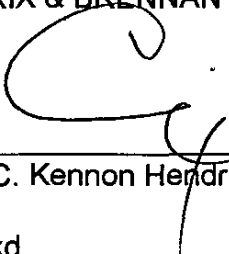
Please be advised that this office represents The Orchid Insurance Agency, Inc. I am in fact the registered agent of the corporation. It is my understanding that you recently spoke to Mr. John Struve, President of the corporation, who advised you that he did not receive the original Annual Report packet. He did recently receive the second notice which was mailed to the corporate address at 2911 Ocean Drive, Vero Beach, Florida 32963-1950. He contacted your office and was informed that there had been some problems with the mailing of Annual Reports this year, and that if prompt payment of \$150.00 was made this fee would be accepted in lieu of the penalty payment of \$550.00. Accordingly, corporate check 1202 is enclosed.

Please provide acknowledgment of this letter so as to verify that this payment is adequate and acceptable for keeping this corporation active.

Thank you for your attention.

Very truly yours,

HENDRIX & BRENNAN

By: 
C. Kennon Hendrix

CKH:gkd

Enclosure