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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000063736

1. Corporation Name

ALL-PRO INSURANCE ASSOCIATES INCORPORATED

Principal Place of Business

221 W. WATERS AVE., STE. B
TAMPA FL 33614

04 33604

Mailing Address

221 W. WATERS AVE., STE. B
TAMPA FL 33614

33604



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

59-3505457

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

21 221 WEST WATERS AVENUE
SUITE B

2a. Mailing Address

26 P.O. BOX 151745
SUITE B

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33604

Country

25 USA

Zip

29 33684-1745

Country

30 USA

9. Name and Address of Current Registered Agent

LIFSEY, J. STANFORD
324 S. HYDE PARK AVE.
TAMPA FL 33606-2340

10. Name and Address of New Registered Agent

81 Name Philip J. Testa
82 Street Address (P.O. Box Number is Not Acceptable) 4726-B N. HOUS AVE
83
84 City TAMPA FL 85 Zip Code 33614

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 reissuing)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	RONALD A GAGNON	
STREET ADDRESS	5025 SPRINGWOOD DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

X 3/29/99-813-936-7776

Date

Daytime Phone

CR2E034 (11/98)