

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
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 033 ***150.00

DOCUMENT # P980000 65715

Corporation Name

FLORIDA'S PROGRESSIVE INSURANCE INC.

Principal Place of Business

Mailing Address

4147 NW 5 STREET
PLANTATION, FL 33317

4147 NW 5 STREET
PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-24-98

Principal Place of Business

2a. Mailing Address

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

1. 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. OFFICERS AND DIRECTORS
TITLE PRESIDENT
NAME M. ANTHONY ATCHESON
STREET ADDRESS 4147 NW 5 STREET
CITY-ST-ZIP PLANTATION, FL 33317

☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

6-21-99

Date

954-485-3518

Daytime Phone #

CR2E034 (11/98)

M. Anthony Aitcheson
4141 NW 5 Street
Plantation, FL. 33317

P98000065715
587055-90007-33

June 21, 1999

Florida Department of State
Annual Report Filings
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re- Florida's Progressive Insurance Inc. /DOC# P98000065715

Thanks for honoring my request for annual report form per telephone conversation June 10, 1999 please find enclosed completed copy of annual report received June 18, 1999. As discussed no annual report form was received prior to the one enclosed received June 18, 1999 for the above company (new company). Thanks again for waiving the penalty/late charges as discussed.

Amount enclosed \$150.00 filing fees.



M. Anthony Aitcheson