PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOCT738

1. Corporation Name FLORIDA'S CHOICE INSURANCE AGENCY, INCORPORATED Principal Place of Business 1905 SW COLLEGE RD. SUITE 2 OCALA FL 34474 Malling Address 1905 SW COLLEGE RD. SUITE 2 OCALA FL 34474			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/30/1998			
2. Principal Place of Business	2a. Mailing Address			4 FEI Number		plied For
21	26			593525771		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
22	City, & State .			Station Control Floresian	\$5.00	
City & State	28		• •	6. Election Campaign Financing · Trust Fund Contribution	Added to	
Zip Country-		Count	TY	- 8.—This corporation owes the current year in	ntangible	
24 25	29	30		Personal Property Tax.	Yes	ÜN ₀
9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
MAINT ANNET A		١٤	Name			
KLINE, JANET L 1905 SW COLLEGE RD, SUITE 2		6	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	_	
OCALA FL 34474		E	13			
		<u> </u>	M City		85 Zip C	`ada
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11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	of Pionia, out i change was at					
agent. I am familiar with, and accept the obligate SIGNATURE Signature, typed or printed name of registered agent.	t and title if applicable. (NOTE:	Registered A	,	red when revisitating) DATE	·	
agent. I am familiar with, and accept the obligate SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS ANI	t and title if applicable. (NOTE:	Registered A	gent signature requi		ND DIRECTO	
signature Signature, typed or printed name of registrated agent 12. OFFICERS ANI TIME CO-President	t and title if applicable. (NOTE:	Registered A	gent signature requi	red when revisitating) DATE	·	
signature Signature, typed of printed marrie of registrated agent 12. OFFICERS ANI TITLE CO-President NAME Dennis L. Watson	t and title if applicable. (NOTE:	Registered A 13. 1.1 TITLE	gant signature requi	red when revisitating) DATE	ND DIRECTO	
signature Signature, typed of printed marie of registered again 12. OFFICERS ANI TITLE CO-President NAME Dennis L. Watson 13361 S.W. 97 Pl.	t and title if applicable. (NOTE:	Programmed And 13. 1.1 TITLE 1.2 NAME 1.3 STREET	gent signature requi	red when revisitating) DATE	ND DIRECTO	
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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 eath; that I am an officer or director of the corporation of 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90068 041 ***150.00

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