

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 16, 1999 8:00 am
Secretary of State

03-16-1999 90056 016 ***150.00

DOCUMENT # P98000095682

1. Corporation Name

INSURANCE SOLUTIONS OF TAMPA, INC.

Principal Place of Business

3112 LAWN AVENUE
TAMPA FL 33611

Mailing Address

3112 LAWN AVENUE
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1998

4. FEI Number

59-3542734

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

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3225 S. MacDill Ave

#129-115

Tampa, FL

33624-8171

U.S.A.

9. Name and Address of Current Registered Agent

BUTT, JEFFREY DREW ESQ.
201 EAST KENNEDY BLVD. #1000
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	COPPER, JEFFREY T	
STREET ADDRESS	31121 LAWN AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BUTT, JEFFREY DREW	
STREET ADDRESS	201 E. KENNEDY BLVD., #1000	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPPER, TALIAFERRO T	
STREET ADDRESS	7278 O'KEEFE ROAD	
CITY-ST-ZIP	BEALETON VA 22711-2	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGEE, MARTHA	
STREET ADDRESS	509 W. BIRD STREET	
CITY-ST-ZIP	TAMPA FL 33604	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	22712
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DT
53 STREET ADDRESS	Copper, Charles D
54 CITY-ST-ZIP	630 Cardinal Dr. Harrisburg, PA 17111
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

JEFF COPPER

Date

1-6-99

Daytime Phone #

(813) 831-5528

CR2E034 (11/98)