

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

PROFIT CORPORATION
ANNUAL REPORT
1999

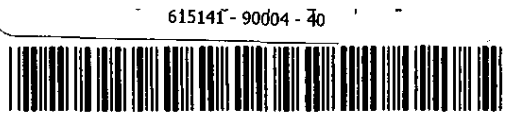
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000100393
Corporation Name
FLORIDA EXCESS & SURPLUS, INC.

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90004 040 ***550.00

Principal Place of Business
LEE RD., S-124
WINTER PARK FL 32789

Mailing Address
1950 LEE RD., S-124
WINTER PARK FL 32789



Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
11/25/1998

4. FEI Number ☒ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JAMES A. GUSTINO, P.A.
2180 PARK AVE. NORTH, S-324
WINTER PARK FL 32789

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

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	D BOLL, JEFFREY C 1950 LEE RD., S-124 WINTER PARK FL 32789	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		1.2 NAME			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		1.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		2.2 NAME			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		3.2 NAME			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		6.2 NAME			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP			

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: REQUIRED 9-9-99

CR2E034 (5/99)