

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT 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 # P98000101931

1. Corporation Name

AFFORDABLE INSURANCE GROUP OF BAY COUNTY, INC.

Principal Place of Business

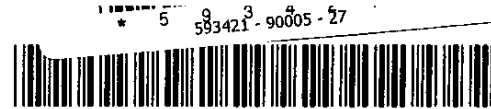
P.O. BOX 16387
2102 WEST 11TH STREET
PANAMA CITY FL 32406

Mailing Address

P.O. BOX 16387
2102 WEST 11TH STREET
PANAMA CITY FL 32406

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90005 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1998

4. FEI Number

59-3543951

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1813-D Creighton Rd.

P.O. Box 11156

Pensacola FL

32524

Esc.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYESS, DAVID L
1813-D CREIGHTON ROAD
PENSACOLA FL 32524-1156

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DYESS, VIRGINIA L**

STREET ADDRESS **4321 LAMIRAGE DR**

CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ DELETE

NAME **DYESS, DAVID L**

STREET ADDRESS **1813-D CREIGHTON RD P.O. BOX 11156**

CITY-ST-ZIP **PENSACOLA FL 32524**

TITLE **D** ☐ DELETE

NAME **DEMARS, CHARLES E**

STREET ADDRESS **1415 BUENA VISTA BLVD**

CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/S/H/VP** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D/P** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D/VP** ☒ 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.

SIGNATURE: **X** **SIGNATURE REQUIRED**

7-12-99

850-478-7999

CR2E034 (5/99)

STURGEN ACCOUNTING, INC.
2253 COUNTRY PLACE CIRCLE
PENSACOLA, FLORIDA 32534-9501
(850) 968-4194 FAX (850) 968-2988

593421-90005-27
P 98000101931

July 12, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

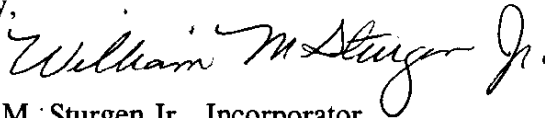
Reference: Affordable Insurance Group of Bay County, Inc.
Document #P98000101931

Dear Sir,

Enclosed, please find the Annual Report for 1999 and our check for \$150.00. We did not receive the original return which should have been mailed to our Pensacola office for proper handling. We assumed there would not be a filing fee or Annual Report required, since the effective date of incorporation was December 8, 1998.

We would greatly appreciate your consideration in waiving the late fee of \$400.00. Should you require additional information, please let us know.

Sincerely,



William M. Sturgen Jr., Incorporator

cc: David L. Dyess, President