## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

7143 MARINER BLVD.

SPRING HILL FL 34609

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S11115 1. Corporation Name

Principal Place of Business

7143 MARINER BLVD

SPRING HILL FL 34609

SUITE B

US

INSURANCE OF SPRING HILL, INC.

2 Dringing Di	ace of Business	2a. Mailing Address				4. FEl Number		App	lied For	17
Z. Philicipal Fi	ace of business	26				59-3033377		Not	Applicable	्र
21	<del></del>	Suite, Apt. #, etc.						\$8.75 Ac	ditional	
Suite, Apt.	#, etc.	<b>⊢</b>				5. Certifcate of Status Desired		Fee Req		
22		27					<del></del>	\$5.00 N	4	
City & State	e	City & State				6. Election Campaign Financing	□ □	Added to	•	
23		28				Trust Fund Contribution			rees	1
Zip	Country Zip			ntry		8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.				1
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New	Registered Ag	jent		ı
	TO THE PART			81 Name	•					
BLAIR, DANIEL L				82 Stree	Addros	ss (P.O. Box Number is Not Accept	able)			l
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu	utes, the at	bove-name	d corpor	ration submits this statement for the i's board of directors. I hereby acce	ot the appointr	nent as reg	istered	ĺ
office or r	egistered agent, or both, in the State of m familiar with; and accept the obligation	ons of, Section 607.0505, FI	lorida Statu	ites.	poralier		• • • • • • • • • • • • • • • • • • • •		;	
明 SIGNATURE		* *								1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO)	TE: Registered	Agent signature	required v	when reinstating)	DATE		,	1.3
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF				1:
TITLE	V	☐ DELETE	1.1 TII	ΠĖ	1	The second secon	[	Change	Addition	1
NAME	BLAIR, DANIEL L.		1.2 NA	ME.		-				
	12212 GREENWOOD STREET		1.3 ST	REET ADDRES	s				!	ĺ
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NAME	BLAIR, TAMMY S									ŀ
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	12212 GREENWOOD STREET			REET ADDRES	s					
CITY-ST-ZIP	BROOKSVILLE FL		2.3 ST 2.4 C	TREET ADDRES	s	<u>.</u>			□ Addition	{
TITLE ATT 1		DELETE	2.3 ST	TREET ADDRES	s			☐ Change	☐ Addition	
TITLE STATE		☐ OELETE	2.3 ST 2.4 C	TREET ADDRES	s			☐ Change	☐ Addition	
TITLE NAME		☐ OELETE	2.3 ST 2.4 C 3.1 TI 3.2 N	TREET ADDRES		শ্বস্থান হয় বিশ্ব	<b>第二数十分改变</b>	☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ OELETE	2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TREET ADDRES ITY-ST-ZIP TLE AME TREET ADDRES ITY-ST-ZIP		प्रशासन् का प्रशासन होता है के अपने का प्रशासन के प्रशासन के जा कि का प्रशासन के जा कि का जा कि का जा कि जा कि	10.2 数 15.0 (15.0) (20.0) (20.0)		Addition	
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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

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTER TOTAL STATE

BAGGY37LLE

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/31/1990

02-01-1999 90011 041 \*\*\*150.00