

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
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90008 030 ***150.00

DOCUMENT # S13565

1. Corporation Name

**A ABACUS MR. AUTO INSURANCE OF SOUTH FT. MYERS,
INC.**

Principal Place of Business

15200 SO. U.W. 41
SUITE 102
FT MYERS FL 33908

Mailing Address

15200 SO. U.W. 41
SUITE 102
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1990

4. FEI Number

NOT APPLICABLE

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 **5240 Bank Street**

2a. Mailing Address

26 **5240 Bank St.**

Suite, Apt. #, etc.

22 **Suite 16**

Suite, Apt. #, etc.

27 **Suite 16**

City & State

23 **Ft. Myers, FL**

City & State

28 **Ft. Myers, FL**

Zip

24 **33907** 25 **USA**

Zip

29 **33907** 30 **USA**

9. Name and Address of Current Registered Agent

LINDBACK, DAVID C.
15200 SO. U.W. HWY 41, SUITE 102
920 SE 43RD TERRACE/CAPE CORAL, FL 33904
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

LINDBACK, DAVID C.

82 Street Address (P.O. Box Number is Not Acceptable)

5240 Bank St., Suite 16

83

84 City

Ft. Myers

FL

85 Zip Code

33907

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 **DAVID C. LINDBACK**

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

(NOTE: Registered Agent signature required when reinstating)

1-27-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **C**
STREET ADDRESS **LINBACK, DAVID C**
CITY-ST-ZIP **920 SE 43RD TERRACE
CAPE CORAL FL**

TITLE ☐ DELETE

NAME **PST**
STREET ADDRESS **LINDBACK, DAVID C.**
CITY-ST-ZIP **920 SE 43RD TERRACE
CAPE CORAL FL**

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **LINDBACK, GLORIA R.**
CITY-ST-ZIP **2374 WICKHAM DR.
MUSKEGON MI**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **LINDBACK, CHARLES G**
CITY-ST-ZIP **1202 SPANISH CAY APT. A
PUNTA GORDA FL 33950**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **LINDBACK, REHMERT C**
CITY-ST-ZIP **9208 60TH AVE. N
MINNEAPOLIS MN 55428**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ 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, with all other like empowered.

SIGNATURE:

RECEIVED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

941-931-7667

Daytime Phone #

CR2E034 (1/98)