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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

S27600 ATKINSON GROUP INSURANCE, INC. FILED

98 JUL -7 PM 2:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									
	WATER DRIVE		3107 EDGEWATER DRIVE						
#5 ORLANDO	FI 33804		#5 Orlando fl 32804 US			DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualified			
						01/23/1991			
2. Principal	Place of Business	2a. Mailing Address	<u> </u>			4. FEI Number		Applied For	
21		26	\$			59-3045753		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional	
22		27				Fee Required			
City & State		├ ──	City & State			6. Election Campaign Financing \$5.00 May Be			
Zip Country		7 _{(p}	Zen Country			Trust Fund Contribution		ed to Fees	
24	<u> </u>			Country 8. This corporation owes or has paid the current year Intangible					
24	25 S. Name and Address of Curre	nt Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes Acent	∐ No	
	ATKINSON, KENNETH W				Name	IU. Hamb and Address of Hor Hegistersu	-Agour		
	31 E. CENTRAL BLVD. #404		ļ						
	RLANDO FL 32801		82	! 5	Street Addres	Address (P.O. Box Number is Not Acceptable)			
	₹		83						
			84	1	City	Fl	85 Z	ip 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 regletered 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									
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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12,		ND DIRECTORS	13.	eili o	signatore required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 TITLE			7.00077071070710707107110711071107110711	Chang		
NAME	ATKINSON, KENNETH W		1.2 NAME			800002585	578	iБ	
STREET ADDRESS 431 E. CENTRAL BLVD., #404			1.3 STREE	1.3 STREET ADDRESS		80 0002585 -07/10/980	1084-	-012	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-			****150.00	****	150.00	
TITLE	₹VP	DELETE	2.1 TITLE				☐ Change	e Addition	
NAME	ATKINSON, ANNIE S		2.2 NAME						
STREET ADDRESS	431 E. CENTRAL BLVD., #4	04	2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32801		2. 4 CITY -	S1-2	ZIP				
TITLE		DELETE	3.1 TITLE				Change	e 🔲 Addition	
NAME			3.2 NAME					1	
STREET ADDRESS			3.3 STREE	ADE	DRESS			1	
CITY-ST-ZIP			3 4. CITY-	SI - Z	7iP				
TITLE		☐ DELETE	4.1 TITLE			-	☐ Change	e 🔲 Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADD	DRESS				
CITY-\$T-ZIP			4.4 CITY - 5	ST - Z	îP				
TITLE		DELETE	5.1 TITLE				Change	e 🔲 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ADC	DRESS			,	
CITY-ST-ZIP			5.4 CITY - S	1 - ZI	IP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	e Addition	
NAME			6.2 NAME					~ (
STREET ADDRESS	·		63 STREET	ADD	DRESS			_ \ \\ \	
CITY-ST-ZIP			6.4 CITY - S	T-Z1	IP .			\mathcal{M}	

14. I hereby certify that the information supplied with this filing does not quality 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 optrusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name an object 12 or Block 13 if changed of on an attachment with an address.





ATKINSON GROUP INSURANCE, INC.

THE EMPLOYEE BENEFITS PEOPLE

June 23, 1998

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Enclosed is our corporate check in the amount of \$ 150. In reference to my telephone conversation today I ask for a waiver of the late penalty for the following reasons.

In mid March of this year my wife and I lost one of our sons due to an unexpected and sudden heart attack at age 43. In April my mother had her third heart attack this year. In addition, our daughter, who is our office manager and accounts supervisor, suffered a broken leg due to an automobile accident. All of these events caused many trips back and forth from Orlando to Pensacola.

Thus far 1998 has not been our most enjoyable year. Hopefully, things will return to normal in the near future and we can again operate our corporation in a more efficient manner.

I appreciate very much your understanding and cooperation.

Kenneth W. Atkinson, President