

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90062 003 ***150.00

DOCUMENT # **S42750**

1. Corporation Name
EMPIRE AGENCY, INC.



Principal Place of Business
**100 CROWN OAK CENTRE DR
LONGWOOD FL 32750
US**

Mailing Address
**350 ESSJAY ROAD
SUITE #302
WILLIAMSVILLE NY 14221
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **340 CROWN OAK CENTRE**

Suite, Apt. #, etc.

22

23 **Longwood FL**

Zip Country

24 **32750** 25 **US**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/03/1991

4. FEI Number

59-3060110

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Caryn Y. Schultz

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

1310 Deerpath Drive

83

84 City

Osteen

FL

85 Zip Code
32764

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 **Caryn Y. Schultz**

Caryn Y. Schultz

April

1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BENTLEY, GREGORY J.**
STREET ADDRESS **638 LONGMEADOW CIR**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **ARNOLD, ROGER J.**
STREET ADDRESS **3550 ESSJAY RD**
CITY-ST-ZIP **WILLIAMSVILLE NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **C/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **350. Essjay Road, Suite 302**
2.4 CITY-ST-ZIP **Williamsville, New York 14221**

3.1 TITLE **S/D** ☐ Change ☒ Addition
3.2 NAME **Jennifer L. Schouten**
3.3 STREET ADDRESS **145 North Long Road**
3.4 CITY-ST-ZIP **Williamsville, New York 14221**

4.1 TITLE **T/D** ☐ Change ☒ Addition
4.2 NAME **Steven J. Schouten**
4.3 STREET ADDRESS **145 North Long Road**
4.4 CITY-ST-ZIP **Williamsville, New York 14221**

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: **ROGER J. ARNOLD**

ROGER J. ARNOLD, Chairman

(716) 634-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)