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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **\$55795** 

GROUP	INSURANCE SERVICES OF	FLORIDA, INC.										
Principal Plac	e of Business	Mailing Address					-   '¶	<b>011810</b> (01 01961 89119 (0010	(BIBL BID BIS		1 81811 6	<b>   </b>
106 S. WOCIDCREEK DRIVE SAFETY HARBOR FL 34695 US		106 S. WOODCREEK DRI/E SAFETY HARBOR FL 34635 US					DO NOT W	RITE IN TH	IS SPAC	εE		
03		US					3. Date luc	corporated or Qualife	d			-
							05/29/	•	-			
2 Principal E	Place of Business	2a. Mailing Address					4. FEI Nun				An	plied For
	lace of Busiliess	26				59-3068792			}	Not Applicable		
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8		dditional	
<b>¬</b>		27					5. Certificate of Status Desired				ee Re	
City & Eltai		City & State					6 Floation	Campaign Financin	~	•	5 00	May Be
23	ic .	28						and Contribution	<b>"</b> 🗆		dded t	
Zip	Country	Zip	Cou	ntrv				poration owes the co	irrent vear		····-	
24	25	29	30	,			i	Property Tax.	irent year	∏ Ye		<b>M</b> No
24	9. Name and Address of Curren		1301					and Address of Nev	Register	d Agent		.=
		Trogiste ve rigoni		81	Name							-
	Telaw, John L. Woodcreek Drive South			82	Street Add		ess (P.O. Bo)	Number is Not Acce	otable)			
	ETY HARBOR FL 34695		١	83								
<b></b>												
				84	City				F	85	Zip C	ode
44 5	to the provisions of Sections 607.050	and 607 1509 Florido Stat	toe the a	201/6	a-named c		ration submi s	this statement for the			ina its	egistered
office or a	registered agent, or both, in the State am familiar with, and accept the obliga	ো Florida. Such change was	authorized	∣by⊤	tne corpo	ration	n's board of di	rectors. I hereby acc	ept the ap	r ointmen	tas reg	gistered
SIGNATUF:E	Signature, typed or printed name of registered agei	of and title if applicable (NO	T=⋅Registered	Agen	t signature re	nuired	when reinstating)		DATE			
12.		II) DIRECTORS	13.	J				NS/CHANGES TO C	FFICERS	AND DIF	ECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TR	TLE .							hange	☐ Addition
NAME	WHITELAW, JOHN L.		1.2 NA	ME								
STREET ADDRESS	AGE A AGETTLE AVENUE MODTH		13.ST	REET	ADDRESS							
	CLEARWATER FL		1.4 CF		- 1							
TITLE	OLLARWATER TE		2.1 TIT		1-217		· <del>-</del> · · · · · · · · · · · · · · · · · · ·			ПС	hange	Addition
	}	ELI OCCCIO	22 NA								•	_
NAME					ADDRESS							ĺ
STREET ADDRESS					1							
CITY-ST-ZIP		DELETE	2. 4 CI 3.1 TII		1-219					ПС	hange	Addition
TITLE	1	Deach	3.1 M									
NAME	1		8		4000000							
STREET ADDRESS	3				ADDRESS							
CITY-ST-ZIP	<del> </del>	DELETE	3.4. CI		1-ZIP					Пс	hange	Addition
TITLE		- DELETE	4.1 TII							0		
NAME			4. 2 N									
STREET ADDRESS	1				ADDRESS							
CITY-ST-ZIP	<u> </u>		440		r-ZIP						hange	Addition
TITLE		☐ DELETE	5.1 TII 5.2 NA								go	
NAME					ADDRESS							
STREET ADDRESS	3				ADDRESS							
CITY-ST-ZIP	<u> </u>		5.4 CI 6.1 TII		1-ZIP					Пс	hange	Addition
TITLE		☐ DELETE								ட்ட	nanye	L. Addition
NAME			5.2 NA									1
STREET ADDRESS	<u> </u>				ADDRESS							
CITY-ST-ZIP	l / <u>~</u>		6.4 CI	TY-S1	Γ-ZIP							

CITY-ST-ZIP 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 polemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ham an of the receiver or trustee emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an appears with all other like empowered. 14. I hereby certify that the information indicated on this annual proof or st officer or director of Block 12 or Block

SIGNATURE:

TOHN L. WHITELAW 4/20/99