FILED

Feb 26, 1999 8:00 am Secretary of State

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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**

DOCUMENT # **\$57038**

1. Corporation Name

MICHAEL P. FEHILY INSURANCE CONSULTANTS, INC.

Principal Place of Business Mailing Address						Lideliais (s. svin issu stratum) and and an analysis and	
7735 HOLIDAY DR 5643 MIDNIGHT PASS RD							
SARASOTA FL	34231	912				DO NOT WRITE IN THIS SPACE	
US		SARASOTA FL 34242 US				3. Date Incorporated or Qualifed	
		บจ				06/04/1991	
2. Deinsing Disco of Business 2a Mailing Address						4. FEI Number Applied For	
2. Principal Place of Business 21 1715 Stickney PT. Rd 26						65-0268738 Not Applicable	
<u>کرا 21</u> Suite, Apt.		Suite, Apt. #, etc.				\$8.75 Additional	
^	#, etc.	⊢				5. Certificate of Status Desired Fee Required	
City & Stat	14	City & State				6. Election Campaign Financing 5.00 May Be	
23 SAA	ASOTA, FL	28				Trust Fund Contribution Added to Fees	
Zip — 2//2/ Country		Zip Country				8. This corporation owes the current year Intangible	
24 23/23/ ₂₅ 300 mm		29 30		,		Personal Property Tax.	
9. Name and Address of Curre						10. Name and Address of New Registered Agent	
	V. 144110 GHZ 71547000 01 0011011			81	Name		
FEH	ily, Michael P.						
5643 MIDNIGHT PASS RD				82 Street Address (P.O. Box Number is Not Acceptable)			
± 912			83				
SAR	ASOTA FL 34242						
			8	34	City	FL 85 Zip Code	
44 5	4- H	2 CO7 1E09 Florida Statut	os tho abo		named (d corporation submits this statement for the purpose of changing its registered	
agent. I a SIGNATURE	rn familiar with, and accept the obligat	ions of Section 607,0505, Flor Land title if applicable. (NOTE:	: Registered A	es.		oration's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITL	E		☐ Change ☐ Addition	
NAME	FEHILY, MICHAEL P		1.2 NAM	ΙE			
STREET ADDRESS			1.3 STR	EET A	ADDRESS	;	
CITY-ST-ZIP	SARASOTA FL		1.4 CfTY	-ST-	- Z i P		
TITLE	ST	☐ DELETE	2.1 TITL	£		☐ Change ☐ Addition	
NAME	FEHILY, JOHN		2.2 NAM	Œ			
STREET ADDRESS	2000 TANGLEWOOD DRIVE		2.3 STR	EET/	ADDRESS	;	
CITY-ST-ZIP	SARASOTA FL		2. 4 CIT	Y-ST	-ZIP		
TITLE	V	☐ DELETE	3 1 TITL	E		~ Change ☐ Addition	
NAME	FEHILY, THOMAS		3.2 NAM	Œ			
STREET ADDRESS	445 KELDA LANE		3.3 STR	EET /	ADDRESS	5619 Bent Creek TR DAILAS, TX 75252	
CITY-ST-ZIP	LEWISVILLE FL		3.4. CIT	Y-ST	- ZIP		
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition	
NAME			4. 2 NAM	ИE			
STREET ADDRESS			4.3 STR	EET/	ADDRESS	;	
CITY-ST-ZIP			4,4 C/TY	-ST-	-Z I P		
TITLE		☐ DELETE	5.1 TITL	E		☐ Change ☐ Addition	
NAME			5.2 NAM	Æ			
STREET ADDRESS			5.3 STR	EET	ADDRESS	3	
CITY-ST-ZIP			5 4 CiT	/-ST-	-ZIP		
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition	
NAME			6.2 NAM	Æ			
STREET ADDRESS			6.3 STR	EET	ADDRESS	}	

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP