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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # \$67398**

INSURANCE MART OF NORTHWEST FLORIDA, INC.

							H 01611 (188)	
Principal Place	of Business	Mailing Address						
% WANDA S. WELDON 611 NEW WARRINGTON ROAD PENSACOLA FL 32506		% Wanda S. Weldon 611 New Warrington Road Pensagola Fl 32506			DO NOT WRITE IN THIS	SPACE		
7 2110/10021	. •				3. Date Incorporated or Qualifed 07/17/1991			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	App	lied For	Œ
2. Principal Flace of Business		26			59-3073461	Not	Applicable	75.5°
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A		왕.
22		27 City & State	City & State		6. Election Campaign Financing	\$5.00 /	tay Be	
City & State		28	28		Trust Fund Contribution	Added to		
Zip Country		Zip	_ `		8. This corporation owes the current year Intangible			
25		29 30			Personal Property Tax.		INO	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent		
	DOM MANDA O			81 Name				
WELDON, WANDA S. 611 NEW WARRINGTON ROAD				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	-		
		·			1 4 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5		2.533355	
PEN	SACOLA FL 32506			83	· · · · · · · · · · · · · · · · · · ·		3 4 3	
				84 City	FI	85 Zip C	ode`**	
		·				- I changing its	rogistored	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	02 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	tes, the a iuthorized irida Stat	oove-named corp by the corporation of the corporation of the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as reg	jistered	
SIGNATURE					DATE			_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	CR2E034 (11/98)
12.		ND DIRECTORS	13.			[] Change	Addition	1
TITLE	PD	☐ DELÉTE	1.1 TI		हर्ष के प्रदेश भारत		_ ,	4
NAME	WELDON, WANDA S.		1.2 N	~*				္ပင္သ
STREET ADDRESS	607 SAWARA CIRCLE			REET ADDRESS	•		1	, 25 E
CITY-ST-ZIP	PENSACOLA FL		-	TY-ST-ZIP		☐ Change	Addition	ပြ
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NAME			2.2 N					ĺ
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NAME			3.2 N	1				
STREET ADDRESS			3.3 S	TREET ADDRESS		3.84 5 1 3 4 4 1		1
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NAME.	1		4.21	IAME				
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CITY-ST-ZIP			4.4 0	ITY-ST-ZIP		£7.05	Addition	1
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NAME					4			1
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	8			AME TREET ADDRESS	the second			111
CITY-ST-ZIP	s		5.3 5	TREET ADDRESS	ta sak	Change	☐ Addition	3 10 30 2

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 required 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 organ attactment with any address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

DELETE

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

02-15-1999 90043 050 \*\*\*150.00