

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90245 022 ***150.00

DOCUMENT # V07127

1. Corporation Name

EXPRESSWAY INSURANCE AGENCIES OF CENTRAL FL., IN
C.

Principal Place of Business

7217 E. COLONIAL DRIVE
112
ORLANDO FL 32807
US

Mailing Address

7217 E. COLONIAL DRIVE
112
ORLANDO FL 32807
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1992

4. FEI Number

59-3103408

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

2. Principal Place of Business

21 4335 S. OS Hwy 17-92

2a. Mailing Address

26 4335 S OS Hwy 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Casselberry FL

City & State

28 Casselberry FL

Zip

24 32707 25 USA

Zip

29 32707 30 USA

9. Name and Address of Current Registered Agent

HAWKINS, PAUL C.
7217 E. COLONIAL DRIVE
SUITE 112
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

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

4335 S OS Hwy 17-92

83

84

Casselberry

FL

85 Zip Code

32707

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HAWKINS, PAUL C.

STREET ADDRESS 7217 E. COLONIAL DRIVE STE. 112

CITY-ST-ZIP ORLANDO FL 32807

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4335 S OS Hwy 17-92
Casselberry FL 32707

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (407) 833-8311
Date Daytime Phone #

CR2E034 (1/98)