

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  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90082 034 \*\*\*150.00

DOCUMENT # V36253

1. Corporation Name

C. "CHET" MUNDZAK INSURANCE & ASSOCIATES, INC.

Principal Place of Business

9415 TARA CAY DRIVE  
SEMINOLE FL 33776-1152  
US

Mailing Address

9415 TARA CAY DRIVE  
SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1992

4. FEI Number

59-3124085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 14521 WALSINGHAM RD

Suite, Apt. #, etc.

22 LARGO, FL

City & State

23 33774 PINELLAS

Zip

Country

24

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MUNDZAK, CHESTER  
9415 TARA CAY DRIVE  
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

*Chester Mundzak* President

CHESTER MUNDZAK

1-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MUNDZAK, CHESTER  
STREET ADDRESS 9415 TARA CAY DRIVE  
CITY-ST-ZIP SEMINOLE FL

TITLE V ☐ DELETE

NAME MUCHMORE, LAWRENCE R. SR  
STREET ADDRESS 8711 CRESENT FORREST BLVD  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE S ☐ DELETE

NAME MUNDZAK, CONNIE C.  
STREET ADDRESS 9415 TARA CAY DR  
CITY-ST-ZIP SEMINOLE FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Chester Mundzak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

727-596-9770

Daytime Phone #

0422419

CR2E034 (11/98)