

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Nathalie Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 JUL -9 PM 4:02

DOCUMENT # V38929

1. Corporation Name  
Associated Public Adjusters Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1304 W. GARDEN ST 185 CALLE DE SANTIAGO  
PENSACOLA, FL 32501 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/25/90

4. FEI Number 59-3057963 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
DONALD R. GREEN  
105 CALLE DE SANTIAGO  
PENSACOLA FL 32501

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 607.0015, Florida Statutes.

SIGNATURE: *Donald R. Green* DATE: 7-9-99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/SEC/DIRECTOR	DELETE
NAME	DANNY D. ATKINS	
STREET ADDRESS	9725 N. Loop Rd Pens, FL 32507	
CITY-ST-ZIP		
TITLE	V. PRESIDENT/TRES/DIRECTOR	DELETE
NAME	DONALD R. GREEN	
STREET ADDRESS	105 CALLE DE SANTIAGO PENS, FL 32501	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700002927867--1
2.4 CITY-ST-ZIP	-07/12/99--01001--013
3.1 TITLE	*****61.25 <input type="checkbox"/> *****61.25
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald R. Green* DATE: 7-9-99

CR2E034 (11/98)

TS.  
850-572-5252