

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 11, 1999 8:00 am
Secretary of State

03-11-1999 90085 030 ***150.00

DOCUMENT # V41766

1. Corporation Name

COUNTERSIGNATURE AGENCY, INC.

Principal Place of Business

4890 W. KENNEDY BLVD.
TAMPA FL 33609
US

Mailing Address

P.O. BOX 30094
TAMPA FL 33630-3094
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1992

4. FEI Number

06-1345091

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 7840 Woodland Center Blvd.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

City & State

23 City & State

Tampa, Florida

28

Zip

24 Zip

33614

Country

25 Country

USA

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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

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 S ☐ DELETE

NAME EDDY, PAUL
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE V ☒ DELETE

NAME COCKING, NICK
STREET ADDRESS 11904 KEATING DRIVE
CITY-ST-ZIP TAMPA FL 33626

TITLE V ☐ DELETE

NAME GUERTIN, WENDY
STREET ADDRESS 13202 MORAN DRIVE
CITY-ST-ZIP TAMPA FL 33618

TITLE TD ☒ DELETE

NAME DEMBO, DAVID B.
STREET ADDRESS 4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

TITLE VD ☐ DELETE

NAME GRINER, DAVID H.
STREET ADDRESS 4890 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33609

TITLE P ☐ DELETE

NAME HURST, H. PEYTON JR.
STREET ADDRESS 1000 LEGION PLACE, 9TH FL
CITY-ST-ZIP ORLANDO FL 32801

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

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

V ☐ Change ☒ Addition

Falcione, Pamela
3960 Meadow Breeze Court
Palm Harbor, FL 34684

TD ☐ Change ☒ Addition

Hill, John S.
7840 Woodland Center Blvd.
Tampa, FL 33614

VD ☒ Change ☐ Addition

Griner, David H.
7840 Woodland Center Blvd.
Tampa, FL 33614

P ☒ Change ☐ Addition

Hurst, H. Peyton Jr.
100 Technology Parkway
Lake Mary, FL 32746

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)