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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

0402364

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

2. Principal Place of Business

21 7840 Woodland Center Blvd.

Suite, Apt. #, etc.

22 Tampa, Florida

Zip Country

24 33614 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, PAUL	1.2 NAME	
STREET ADDRESS	ONE TOWER SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCKING, NICK	2.2 NAME	
STREET ADDRESS	11904 KEATING DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERTIN, WENDY	3.2 NAME	
STREET ADDRESS	13202 MORAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMBO, DAVID B.	4.2 NAME	
STREET ADDRESS	4890 W. KENNEDY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINER, DAVID H.	5.2 NAME	
STREET ADDRESS	4890 W. KENNEDY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, H. PEYTON JR.	6.2 NAME	
STREET ADDRESS	1000 LEGION PLACE, 9TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)