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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

175536

(2)

ASSOCIATED INDUSTRIES INSURANCE COMPANY

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Thirtipa Flace of Business								
301 14.41, 3101 STILES			0704 RATON FL 33431					
WWW. INTINITY TO TE		US					te of Last Report	
					10/05/1953	05/0)1/199	
. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		:	oplied For
This part to be of base to be		26		59-0714428			ot Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
		27						
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<u> </u>		28	Count	n.	8. This corporation has liability for i	ntangible tax		
Zip 1	Country	Zip	30	ıy	Florida Statutes X Yes	□ No		
	9. Name and Address of Curren	29 29 Agent	1301		10. Name and Address of New R		ent	
	g. Name and Address of Conten	it riogistored rigo	8	1 Name				
			ļ.,	0 0 0	ress (P.O. Box Number is Not Acceptab	le)		
KUTTER, EDWARD L 106 EAST COLLEGE AVENUE			82 Street A		garess (F.O. Dox Number is not neceptable)			
			8	33				
	OOR HIGHPOINT CENTER		-	A Cabo			85 Zip	Code
	SSEE FL 32302			City		FL		
4 Purcuant to	the provisions of Sections 607.0502	2 and 607,1508, Florida Statu	ites, the above	e named corpo	oration submits this statement for the purard of directors. I hereby accept the app	rpose of chan	ging its re	egistered offi
				rporation's boa	oration submits this statement for the pul ard of directors. I hereby accept the app	ORIUHEIII as it	gistered	agon. rum
familiar with	n, and accept the obligations of, Sect	Notice aprilor (COCC), 100 Holl						
ignature .	Signature, typed or printed name of registered agen	it and title if applicable.	IOTE: Registered A	gent signature require	ed when reinstating)	DATE		50,0140
								HS IN 12
2.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
	PD OFFICERS AN	DELETE	13. 1.1 TIT	LE	ADDITIONS/CHANGES TO OFF		Change	
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ITLE JAME			1. 1 TIT 1.2 NAM		ADDITIONS/CHANGES TO OFF			
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ITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHEBEL, JON L 516 N. ADAMS ST.		1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2 1 TIT	ME BEET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFF			Addition
ITLE LAME STREET ADDRESS CITY-ST-ZIP VITLE	PD SHEBEL, JON L 516 N. ADAMS ST. TALLAHASSEE FL 32301	☐ DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 DIT 2 1 TIT 2.2 NAM	ME EET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO OFF		Change	Addition
ITLE IAME ITREET ADDRESS DITY-ST-ZIP ITLE ITAME	PD SHEBEL, JON L 516 N. ADAMS ST. TALLAHASSEE FL 32301 VD	☐ DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 DIT 2 1 TIT 2.2 NAI 2.3 STR	ME MEET ADDRESS Y-ST-ZIP LE ME ME MEET ADDRESS	ADDITIONS/CHANGES TO OFF		Change	Addition
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ITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHEBEL, JON L 516 N. ADAMS ST. TALLAHASSEE FL 32301 VD WHITE, FRANK T 516 N. ADAMS STREET TALLAHASSEE FL 32301 CD	☐ DELETE	1.1 TIT 1.2 NAM 1.3 SPR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR 2.4 CHT 3.1 TIT	ME SEET ADDRESS : Y-ST-ZIP LE ME SEET ADDRESS : Y-ST-ZIP	ADDITIONS/CHANGES TO OFF		Change Change	Addition
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AME OF PENESTICION CEO

SIGNATURE:

14. It do hereby certify that the information and certify that the information indicated or oath, that I am an officer or director of appears in Block 12 or Block 11 if cha

03-01-96

(305)772-2700

FILED

Secretary of State

Apr 29 1996 8:00 am

Daytime Phone #

CR2E034 (12/95)