Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90013 010 ***150.00

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

DOCUMENT # 175536

1. Corporation Name

ASSOCIATED INDUSTRIES INSURANCE COMPANY INC

AGGOOI	ATED INDOOTHED INDOTE	HAOE OOM ANT, INO.									
Principal Place of Business Mailing Address						. 130010		E)	##### # ##############################	8(8II BI	6)(4 (8)) (40)
901 N.W. 51ST STREET P.O. 310704											
BOCA RATON FL 33431 BOCA RATON FL 33431										_	
US					-	DO NOT WRITE IN THIS SPACE					
						3. Date Incom 10/05/19		lualifed			
Principal Place of Business 2a. Mailing Address						4. FEI Numbe	er			App	lied For
21 26						59 - 0714	428		Ţ.	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate	of Status De	sired 🗌			dditional
27									F	ee Rec	uired
City & State City & State						6. Election Ca	mpaign Fin	ancing	•		May Be
23 28						Trust Fund Contribution				ided to	Fees
Zip	Country	Zip	Country	,		8. This corpo		-			٦.,
24	25	29 30					roperty Tax.		Ye:	s [□No
	9. Name and Address of Curre	nt Registered Agent	81	1 41		10. Name and	Address o	f New Registe	ered Agent		
INSURANCE COMMISSIONER				Name							
THE CAPITOL BUILDING			82 Street Address (P.O. Box Number is Not Accepta					Acceptable)			
				ļ							
TALLAHASSEE FL 32314			83								
			84	City		-			FL 85	Zip C	ode
44 Dumouont	to the provisions of Sections 607 050	12 and 607 1508 Florida Statutes 1	he abov	e-named	corpora	ation submits th	is statement	for the purpos	se of changi	na its r	egistered
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								DAT	-		
	Signature, typed or printed name of registered age			nt signature r	ednaeo w	hen reinstating)	CHANGES	TO OFFICER		CTOE	2S IN 12
12.	PD OFFICERS AF	ID DIRECTORS	13. 1.1 TITLE			ADDITIONS	CHANGES	TO OF FIGER	Z Ch		Addition
TITLE	SHEBEL, JON L		1.2 NAME						_	•	_
NAME	516 N. ADAMS ST.			T ADDRESS	an	1 NW 51	et St	reet			l
STREET ADDRESS	TALLAHASSEE FL 32301		1.4 CITY-S		ı						
CITY-ST-ZIP	VD			1-ZIP	ЪС	oca Raton, FL 33431				ange	Addition
TITLE			2.1 TITLE 2.2 NAME			;				J	_
NAME	777 77 27 77 77 77 77 77 77 77 77 77 77			* + DODECO	an)1 NW 51st Street					
STREET ADDRESS				TADORESS	ì	oca_Raton,_FL_33431					
CITY-ST-ZIP			2.4 CITY-5 3.1 TITUE	51-ZIP ~	- 50	Ca-Nacc)11· ₁ 1·1	1-0-0 4·0-1	☐ Ch	ange	Addition
TITLE	CD WEST POPERT T	_								ug-	
NAME	WEST, ROBERT T	1	3.2 NAME				•				
STREET ADDRESS	516 N. ADAMS ST.			TADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CETY-S 4.1 TITLE	51-ZIP					∑ Ch	апое	Addition
TITLE									W 0	ungo	
NAME	DAVIS, T. WAYNE	1	4. 2 NAME		01	0 Can M		הות			
STREET ADDRESS	516 N ADAMS ST			TADORESS		0 San M			Λ7		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-S 5.1 TITLE	T-ZIP	υa	cksonvi	тте,	<u>гь 322</u>	<u>U/</u> ⊊iCh	ange	Addition
TITLE	VCD	.05							X	9-	
NAME	SPEARMAN, GUY M	1	5.2 NAME	TADDRESS	40	2 Highp	noint	Drive	Qui+	۸ م	
STREET ADDRESS	516 N. ADAMS ST.					coa, FI			SULL	e A	
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-S 6.1 TITLE	1-41		cou, ri			□ Ch	ange	Addition
TITLE			6.2 NAME	•						90	
NAME				T ADDRESS							
STREET ADDRESS											

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 an address.

6.4 CITY-ST-ZIP

SIGNATURE:

ANATURE REQUENCE: Executive Vice President