

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90018 001 \*1,350.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 830709**

1. Corporation Name  
**ARISTAR INSURANCE COMPANY**

Principal Place of Business <b>HIDDEN RIVER CORP. PARK                  8900 GRAND OAK CIRCLE                  TAMPA FL 33637                  US</b>	Mailing Address <b>HIDDEN RIVER CORP. PARK                  8900 GRAND OAK CIRCLE                  TAMPA FL 33637                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/20/1973</b>
21	26	4. FEI Number <b>04-2275299</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	28
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29
24	25	30

9. Name and Address of Current Registered Agent <b>GARNER, JAMES R SR.                  CAPITOL BUILDING                  8900 GRAND OAK CIRCLE                  TAMPA FL 33637</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	11 TITLE	SV/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JAMES R	12 NAME	
STREET ADDRESS	8900 GRAND OAK CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637-1050	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, WAYNE L	22 NAME	CRAIG C. CHAPMAN
STREET ADDRESS	8900 GRAND OAK CIR	23 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33637-1050
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	SV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIGLEY HENRY F	32 NAME	
STREET ADDRESS	8900 GRAND OAK CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	34 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	41 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZEL A BROTT	42 NAME	BEVERLY THURSTON
STREET ADDRESS	8900 GRAND OAK CIRCLE	43 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL 33637	44 CITY-ST-ZIP	TAMPA, FL 33637-1050
TITLE	COB <input checked="" type="checkbox"/> DELETE	51 TITLE	SV/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPAS, MICHAEL M	52 NAME	DOUGLAS G. WISDORF
STREET ADDRESS	8900 GRAND OAK CIR	53 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL 33637	54 CITY-ST-ZIP	TAMPA, FL 33637-1050
TITLE	<input type="checkbox"/> DELETE	61 TITLE	SV/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	GARY E. WHITING
STREET ADDRESS		63 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMPA, FL 33637-1050

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: Beverly Thurston **BEVERLY THURSTON** 2/23/99 (813) 632-4500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)