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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F15647** **(3)**

1. Corporation Name
ORMOND INSURANCE AND REINSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
% ORMOND RE GROUP, INC. 140 S ATLANTIC AVENUE ORMOND BEACH FL 32176 US	% ORMOND RE GROUP, INC. 140 S ATLANTIC AVENUE ORMOND BEACH FL 32176 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 140 S. Atlantic Avenue Suite, Apt. #, etc. 22 Suite 400 City & State 23 Ormond Beach, FL Zip 24 32176 Country 25 US	2a. Mailing Address 26 140 S. Atlantic Avenue Suite, Apt. #, etc. 27 Suite 400 City & State 28 Ormond Beach, FL Zip 29 32176 Country 30 US

3. Date Incorporated or Qualified: 01/22/1981

4. FEI Number: 59-2079631 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORMOND RE GROUP, INC. 140 S ATLANTIC AVENUE ORMOND BEACH FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 140 S. Atlantic Avenue 83 Suite 400 84 City: Ormond Beach FL 85 Zip Code: 32176

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 _____ 04/24/98--01035--031 $ 1500.00 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BURT, W LOCKWOOD		1.2 NAME		
STREET ADDRESS	900 JOHN ANDERSON DR		1.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	SVTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LONG, WILLIAM T		2.2 NAME		
STREET ADDRESS	5 SHERWOOD DR		2.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	VSD	☐ DELETE	3.1 TITLE	EVSD	☒ Change ☐ Addition
NAME	DEINER, JOHN		3.2 NAME		
STREET ADDRESS	70 ROYAL PALM AVENUE		3.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	SVD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DIPARDO, ANTHONY L		4.2 NAME		
STREET ADDRESS	140 S. ATLANTIC AVE		4.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400	
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	AV	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LEE, M.M.		5.2 NAME		
STREET ADDRESS	140 S. ATLANTIC AVE.		5.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400	
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	AV	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	BUTCKA, A.A.		6.2 NAME		
STREET ADDRESS	140 S. ATLANTIC AVE.		6.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400	
CITY-ST-ZIP	ORMOND BEACH FL		6.4 CITY-ST-ZIP	Ormond Beach, FL 32176	

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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.

SIGNATURE _____ John B. Deiner, Exec. VP 4/8/98 (904) 677-4453