

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

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**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F49851**

1. Corporation Name  
**INSURAMERICA OF FLORIDA, INC.**



Principal Place of Business: 234 RIVERSIDE AVE, JACKSONVILLE FL 32202-4999  
 Mailing Address: 234 RIVERSIDE AVE, JACKSONVILLE FL 32202-4999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/06/1981</b>	
21	26	4. FEI Number <b>59-2130271</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip Country		29. Zip Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GRAVES, KEITH C. 234 RIVERSIDE AVE. JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent	
81 Name <b>Walton, Otis L. (Bobby)</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>234 Riverside Ave</b>			
83		84 City <b>Jacksonville</b>			
85 Zip Code <b>32202</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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WILLIAMS, WALTER JR</b>		1.2 NAME <b>Dotter-His, Karen</b>	
STREET ADDRESS <b>234 RIVERSIDE AVE</b>		1.3 STREET ADDRESS <b>234 Riverside Ave</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP <b>Jacksonville, Fl. 32202</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ELLISON, DIANE M.</b>		2.2 NAME	
STREET ADDRESS <b>234 RIVERSIDE AVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALTON, OTIS L. (BOBBY)</b>		3.2 NAME	
STREET ADDRESS <b>234 RIVERSIDE AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* SIGNATURE REQUIRED Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (1/198)