

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90029 042 ***150.00

DOCUMENT # F00000006998

1. Entity Name
INTERLEX INSURANCE COMPANY



Principal Place of Business
**1343 EAST KINGSLEY
SUITE G
SPRINGFIELD, MO 65804**

Mailing Address
**225 WATER STREET
SUITE 1400
JACKSONVILLE, FL 32202**

40010483



2. Principal Place of Business - No P.O. Box #
909 E. Republic Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

G-100

City & State
Springfield, MO

City & State

Zip
65809

Country
USA

Zip

Country

01092008

Chg-P

CR2E034 (12/06)

4. FEI Number
43-1327896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WORTELBOER, ROB
1000 RIVERSIDE AVE., STE 800
JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, ROBERT E JR. ☐ Delete
STREET ADDRESS 200 E. KARI COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE DT
NAME SICILIAN, LOUIS V ☐ Delete
STREET ADDRESS 1000 RIVERSIDE AVE., 8TH FLR
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE DVP
NAME DIVITA, CHARLES III ☐ Delete
STREET ADDRESS 225 WATER ST., SUITE 1400
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE AS
NAME PARKS, PEGGY A ☐ Delete
STREET ADDRESS 5024 RIPPLE RUSH DR. N.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE CD
NAME SPATARO, PETER F ☐ Delete
STREET ADDRESS 9035 FERNALD
CITY-ST-ZIP ST LOUIS, MO

TITLE D
NAME WULFF, ROBERT A SR ☐ Delete
STREET ADDRESS 18131 BENT RIDGE
CITY-ST-ZIP WILDWOOD, MO 63038

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME White, Robert E Jr.
STREET ADDRESS 1000 Riverside Avenue, 8th Floor
CITY-ST-ZIP Jacksonville, FL 32204

TITLE D ☐ Change ☒ Addition
NAME Pippin, Samuel J.
STREET ADDRESS 909 E. Republic Rd., G-100
CITY-ST-ZIP Springfield, MO 65807

TITLE D ☐ Change ☒ Addition
NAME Rominger, Elizabeth
STREET ADDRESS 1000 Riverside Avenue, 8th Floor
CITY-ST-ZIP Jacksonville, FL 32204

TITLE AS ☒ Change ☐ Addition
NAME Parks, Peggy A.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE D ☐ Change ☒ Addition
NAME Stark, Cynthia K.
STREET ADDRESS 909 E. Republic Rd., G-100
CITY-ST-ZIP Springfield, MO 65807

TITLE DS ☐ Change ☒ Addition
NAME Wortelboer, Robert L. Jr.
STREET ADDRESS 1000 Riverside Avenue, 8th Floor
CITY-ST-ZIP Jacksonville, FL 32204

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peggy A. Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Parks

1/23/08

Date

904-630-6305

Daytime Phone #