

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 357006

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1148953497**

**Entity Name:** BURT AND SCHELD FACULTATIVE CORPORATION

**Current Principal Place of Business:**

802 STERTHAUS DRIVE  
SUITE C  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

802 STERTHAUS DRIVE  
SUITE C  
ORMOND BEACH, FL 32174 US

**FEI Number:** 59-1283020

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ORMOND RE GROUP. INC.  
802 STERTHAUS DRIVE  
SUITE C  
ORMOND BEACH, FL 32174 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BURT, W L  
Address 802 STERTHAUS DRIVE  
SUITE C  
City-State-Zip: ORMOND BEACH FL 32174

Title EVSD  
Name DEINER, JOHN B.  
Address 802 STERTHAUS DRIVE  
SUITE C  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name HARTZ, A.J.  
Address 802 STERTHAUS DRIVE  
SUITE C  
City-State-Zip: ORMOND BEACH FL 32174

Title AV  
Name BUTCKA, A A  
Address 802 STERTHAUS DRIVE  
SUITE C  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name PALUMBO, JOHN  
Address 802 STERTHAUS DRIVE  
SUITE C  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name LOWE, CHARLIE  
Address 802 STERTHAUS DRIVE  
SUITE C  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN B. DEINER

**EVP< SECY, GC & DIR.**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date