

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 194227 (5)

1. Corporation Name

BEST INSURORS, INC.

Principal Place of Business

1500 N DALE MABRY  
P O BOX 31601  
TAMPA FL 33631-0601

Mailing Address

1500 N DALE MABRY  
P O BOX 31601  
TAMPA FL 33631-0601



3. Date Incorporated or Qualified

06/29/1956

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURBIVILLE, JOHN F.  
1500 N DALE MABRY  
TAMPA FL 33607

81 Name

CT Corporation System

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

1200 So. Pine Island Road

83

84

City Plantation

FL

85

Zip Code 33324

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

*Tanya M. Villar* TANYA M. VILLAR

2-26-96

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

SECRETARY (when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
DURHAM, G. R.  
STREET ADDRESS  
1500 N DALE MABRY  
CITY-ST-ZIP  
TAMPA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

☐ Change ☒ Addition

NAME  
MATLOCK, K.J.  
STREET ADDRESS  
1500 N DALE MABRY  
CITY-ST-ZIP  
TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
S  
PORTER, E. A.  
1500 NO. DALE MABRY  
TAMPA, FL 33607

TITLE ☒ DELETE

☐ Change ☐ Addition

NAME  
WALTER, J.W.  
STREET ADDRESS  
1500 N DALE MABRY  
CITY-ST-ZIP  
TAMPA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
BAKER, W K  
STREET ADDRESS  
1500 N DALE MABRY  
CITY-ST-ZIP  
TAMPA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME  
WELDON, W.H.  
STREET ADDRESS  
1500 N DALE MABRY  
CITY-ST-ZIP  
TAMPA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
SNYDER, DANA A.  
STREET ADDRESS  
1500 N. DALE MABRY  
CITY-ST-ZIP  
TAMPA FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*W.K. Baker* W.K. BAKER, TREASURER

2/12/96

813-871-4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)