FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 194227

1. Corporation Name
BEST INSURORS, INC.

Principal Place of Business
1500 N. Dale Mabry Hwy.
Tampa, FL 33607

Mailing Address
1500 N. Dale Mabry Hwy.
Tampa, FL 33607

3. Date Incorporated or Qualified: **06/29/1956**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-0787507** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 So. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Snyder, Dana A.		12 NAME		
STREET ADDRESS	1500 N.Dale Mabry Hwy.		13 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Kurucz, Donald M.		22 NAME		
STREET ADDRESS	1500 N.Dale Mabry Hwy.		23 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Porter, Edward A.		32 NAME		
STREET ADDRESS	1500 N.Dale Mabry Hwy.		33 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Hyatt, Kenneth E.		42 NAME		
STREET ADDRESS	1500 N.Dale Mabry Hwy.		43 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Almy, Richard E.		52 NAME		
STREET ADDRESS	1500 N.Dale Mabry Hwy.		53 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		54 CITY-ST-ZIP		
TITLE	DVPT	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	Fjelstul, Dean M.		62 NAME		
STREET ADDRESS	1500 N.Dale Mabry Hwy.		63 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33607		64 CITY-ST-ZIP		

000002112200
-03/13/97--01014--013
***165.00

CR2E034 (9/96)

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 13 if changed or added by an attachment with an address.

BEST INSURORS, INC.

SIGNATURE: By **Assistant Treasurer** **2/24/97** **(813) 87104273**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

January 15, 1997

49.282

BEST INSURORS, INC.
1500 North Dale Mabry Highway
Tampa, Florida 33607

MAILING ADDRESS

P. O. Box 31601
Tampa, Florida 33631-3601

(Subsidiary of Walter Industries, Inc.)

Employer Identification Number 59-0787507

DIRECTORS:

Richard E. Almy
Dean M. Fjelstul
Kenneth E. Hyatt

OFFICERS:	TITLE:
Dana A. Snyder	President
Dean M. Fjelstul	Vice President and Treasurer
Donald M. Kurucz	Vice President
Lee M. Voss	Vice President - Finance
Edward A. Porter	Secretary
Becky L. Mook	Assistant Secretary
Mary C. Snow	Assistant Secretary
Cynthia B. Eisch	Assistant Treasurer
Stephen H. Foxworth	Assistant Treasurer

- - - - - - - - - - - - - - - -

Incorporated in Florida July 24, 1956.

Registered Agent: C T Corporation System
1200 So. Pine Island Road
Plantation, Florida 33324