

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90169 015 ***150.00

DOCUMENT # 194227

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1956

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	PORTER, EDWARD A	
STREET ADDRESS	1500 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYATT, KENNETH E	
STREET ADDRESS	1500 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALMY, RICHARD E	
STREET ADDRESS	1500 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SNYDER, DANA A.	
STREET ADDRESS	1500 N. DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	FJELSTUL, DEAN M	
STREET ADDRESS	1500 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT EISCH, CYNTHIA B.
6.3 STREET ADDRESS	1500 N. Dale Mabry Hwy.
6.4 CITY-ST-ZIP	Tampa, FL 33607

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: By/ *Cynthia B. Eisch* Asst. Treasurer

1/29/99

(813)871-4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0402375

150028-90169-15
194227
July 22, 1998

BEST INSURORS, INC.
1500 North Dale Mabry Highway
Tampa, Florida 33607
Tel: (813) 871-4671

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
Frank A. Hult	Vice President
Edward A. Porter	Secretary
Joseph J. Troy	Treasurer
Mary C. Snow	Assistant Secretary
Cynthia B. Eisch	Assistant Treasurer
Stephen H. Foxworth	Assistant Treasurer

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Incorporated in Florida July 24, 1956.

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