

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 1995

DOCUMENT # **288441** (9)

1. Corporation Name
BURT AND SCHELD SPECIALTY UNDERWRITERS, INC.

Principal Place of Business Mailing Address
140 S. ATLANTIC AVENUE **140 S. ATLANTIC AVENUE**
ORMOND BEACH FL 32176 **ORMOND BEACH FL 32176**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/07/1965 **03/04/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number Applied For
59-1114583 Not Applicable

22. Suite, Apt #, etc 27. Suite, Apt #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip 25. Country 29. Zip 30. Country

8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ORMOND RE GROUP, INC. (FORMERLY- FINANCIAL MANAGEMENT, INC.)
140 S ATLANTIC AVE.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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) _____ (Typed or Printed Name of Secretary)

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	DEINER, J B
STREET ADDRESS	140 S ATLANTIC AVE
CITY ST ZIP	ORMOND BCH FL
TITLE	T
NAME	CRAMER, DAVID
STREET ADDRESS	140 S ATLANTIC AVE
CITY ST ZIP	ORMOND BEACH FL
TITLE	PD
NAME	BURT, WALLACE L.
STREET ADDRESS	140 S ATLANTIC AVE
CITY ST ZIP	ORMOND BEACH FL
TITLE	V
NAME	DEPARDO, A., L.
STREET ADDRESS	140 S ATLANTIC AVE
CITY ST ZIP	ORMOND BEACH FL
TITLE	V
NAME	LONG, W., T.
STREET ADDRESS	140 S ATLANTIC AVE
CITY ST ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DELETE
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SV/T
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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: *William T. Long* **William T. Long, Sr., VP & Treas.** 3/15/95 (904) 677-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR