

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

FILED

May 19 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 # 288441 (9)  
1. Corporation Name  
BURT AND SCHELD SPECIALTY UNDERWRITERS, INC.

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

Mailing Address  
140 S. ATLANTIC AVENUE  
ORMOND BEACH FL 32176-6689  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
01/07/1965

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-1114583

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

ORMOND RE GROUP, INC. (FORMERLY-  
FINANCIAL MANAGEMENT, INC.  
140 S ATLANTIC AVE.  
ORMOND BEACH FL 32074

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	VSD	<input type="checkbox"/> DELETE
NAME	DEINER, J B	
STREET ADDRESS	140 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURT, WALLACE L.	
STREET ADDRESS	140 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEPARDO, A. L.	
STREET ADDRESS	140 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SVT	<input type="checkbox"/> DELETE
NAME	LONG, W. T.	
STREET ADDRESS	140 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SVD
3.3 STREET ADDRESS	DIPARDO, ANTHONY L.
3.4 CITY-ST-ZIP	140 S. ATLANTIC AVE ORMOND BEACH, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SVTD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AV
5.3 STREET ADDRESS	LEE, M.M.
5.4 CITY-ST-ZIP	140 S. ATLANTIC AVE ORMOND BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AV
6.3 STREET ADDRESS	BUTCKA, A.A.
6.4 CITY-ST-ZIP	140 S. ATLANTIC AVE ORMOND BEACH, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 146.07(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.

SIGNATURE:

*William T. Long*

William T. Long, Sr. VP & Treas. 4/3/97 (904)677-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

025545

CR2E034 (9/96)