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Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 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

2. Principal Place of Business 2a. Mailing Address
21 140 S. Atlantic Avenue 26 140 S. Atlantic Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 400 27 Suite 400
City & State City & State
23 Ormond Beach, FL 28 Ormond Beach, FL
Zip Country Zip Country
24 32176 25 US 29 32176 30 US

3. Date Incorporated or Qualified
01/07/1965
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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)
140 S. Atlantic Avenue, Suite 400
83
84 City Ormond Beach, FL 85 Zip Code 32716

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VSD	DEINER, J B	140 S ATLANTIC AVE	ORMOND BCH FL	<input type="checkbox"/>
PD	BURT, WALLACE L.	140 S ATLANTIC AVE	ORMOND BEACH FL	<input type="checkbox"/>
SVD	DIPARDO, ANTHONY L	140 S. ATLANTIC AVE.	ORMOND BEACH FL	<input type="checkbox"/>
SVI	LONG, W., T.	140 S ATLANTIC AVE	ORMOND BEACH FL	<input type="checkbox"/>
AV	LEE, M.M.	140 S. ATLANTIC AVE.	ORMOND BEACH FL	<input type="checkbox"/>
AV	BUTCKA, A.A.	140 S. ATLANTIC AVE.	ORMOND BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
EVSD		140 S. Atlantic Avenue, Suite 400	Ormond Beach, FL 32176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		140 S. Atlantic Avenue, Suite 400	Ormond Beach, FL 32176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		140 S. Atlantic Avenue, Suite 400	Ormond Beach, FL 32176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		140 S. Atlantic Avenue, Suite 400	Ormond Beach, FL 32176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		140 S. Atlantic Avenue, Suite 400	Ormond Beach, FL 32176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		140 S. Atlantic Avenue, Suite 400	Ormond Beach, FL 32176	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

John B. Deiner, Exec. VP 4/8/98 (904) 677-4453

CP2E034 (10/97)