

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90286 001 \*1,500.00

DOCUMENT # 288441

1. Corporation Name

BURT AND SCHELD SPECIALTY UNDERWRITERS, INC.

Principal Place of Business

140 S. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176  
US

Mailing Address

140 S. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORMOND RE GROUP, INC. (FORMERLY-  
FINANCIAL MANAGEMENT, INC.)  
140 S ATLANTIC AVE., SUITE 400  
ORMOND BEACH FL 32074

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 EVSD ☐ DELETE  
NAME DEINER, J B  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE PD ☐ DELETE  
NAME BURT, WALLACE L.  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE SVD ☐ DELETE  
NAME DIPARDO, ANTHONY L  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE SVT ☐ DELETE  
NAME LONG, W., T.  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE AV ☒ DELETE  
NAME LEE, M.M.  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE AV ☐ DELETE  
NAME BUTCKA, A.A.  
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400  
CITY-ST-ZIP ORMOND BEACH FL 32176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE Vice President ☐ Change ☒ Addition  
5.2 NAME Hartz, A.J.  
5.3 STREET ADDRESS 140 S. Atlantic Avenue, Suite 400  
5.4 CITY-ST-ZIP Ormond Beach, FL 32176

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)