

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # 409146 ✓

1. Corporation Name

DEPENDABLE INSURANCE GROUP, INC.

Principal Place of Business

C/O RIVERSIDE GROUP, INC.  
7800 BELFORT PKWY., SUITE 100  
JACKSONVILLE FL 32256  
US

Mailing Address

C/O RIVERSIDE GROUP, INC.  
7800 BELFORT PKWY., SUITE 100  
JACKSONVILLE FL 32256  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1972

4. FEI Number

59-1433900

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. ☒ 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

GRAY, CATHERINE J.  
7800 BELFORT PKWY.  
SUITE 100  
JACKSONVILLE FL 32256

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 DVAS ☒ DELETE  
NAME KIRSCHNER, KENNETH M.  
STREET ADDRESS ONE INDEPENDENT DR #2000  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE SVPC ☐ DELETE  
NAME GRAY, CATHERINE J  
STREET ADDRESS 7800 BELFORT PKWY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DPC ☐ DELETE  
NAME WILSON, J. STEVEN  
STREET ADDRESS 7800 BELFORT PKWY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS ☐ DELETE  
NAME AVERITT, BARRY  
STREET ADDRESS ONE INDEPENDANT DR. STE 2000  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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.

SIGNATURE:

Catherine Gray 7/8/99 904.281.2200

FILED  
Jul 15, 1999 8:00 am  
Secretary of State

07-15-1999 90007 013 \*\*\*150.00



CR2E034 (5/99)

# 409146  
588 729-90007-13  
RIVERSIDE GROUP, INC.

July 8, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Dependable Insurance Group 1999 Annual Report

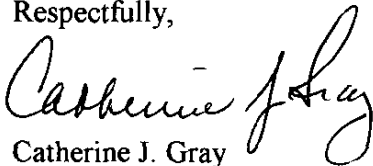
Dear Division of Corporations:

Please pardon Dependable Insurance Group's late 1999 Annual Report. It seems, although the forwarding address and registered agent information had been corrected on 1998's Annual Report, 1999's report was still routed to the wrong address. Please refer to the enclosed 1999 report mailing address, PO Box 1167, Fairfax, VA 22030, which is incorrect. The correct mailing address is 7800 Belfort Parkway, Suite 100, Jacksonville, FL 32256. To ensure proper delivery of 2000's Annual Report, please change this information as mentioned above.

Dependable Insurance would also like to request leniency from the Department of State in regards to the \$400.00 late fee. As proof that the report was only just received, a portion of the envelope is enclosed postmarked July 1, 1999.

In hopes that clemency will be extended, payment of the regular filing fee (\$150.00) is enclosed. If payment of additional fees is required, please contact Dependable at (904) 281-2200.

Respectfully,



Catherine J. Gray  
Sr. Vice President & CFO

Enclosures