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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 410003 (8)

1. Corporation Name

FORTUNE INSURANCE COMPANY



Principal Place of Business

10475 FORTUNE PARKWAY  
SUITE 110  
JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 10729  
JACKSONVILLE FL 32247-0729  
US

3. Date Incorporated or Qualified  
10/03/1972

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1432383

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301

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 PD  
NAME MCCORKLE, ALLAN  
STREET ADDRESS 10475-110 FORTUNE PKWY.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE S  
NAME PURCELL, CARLENA E.  
STREET ADDRESS 10475-110 FORTUNE PKWY  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE D  
NAME GARRITY, MICHAEL J.  
STREET ADDRESS 10475-110 FORTUNE PKWY  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE T  
NAME BOST, JOSEPH M.  
STREET ADDRESS 10475-110 FORTUNE PKWY  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE D  
NAME SMITH, LEE R  
STREET ADDRESS 10450 SAN JOSE BLVD. #3  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE D  
NAME THOMAS, ROBERT III  
STREET ADDRESS 220 S. RIDGEWOOD AVE.  
CITY-ST-ZIP DAYTONA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/V  
1.2 NAME Stinson, Thomas L.  
1.3 STREET ADDRESS 10475-110 Fortune Pkwy  
1.4 CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☒ Addition

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

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

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

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

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

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)(k), 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: *Carlena E. Purcell* *Carlena E. Purcell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96  
Date

904-363-6339  
Daytime Phone

CR2E034 (12/95)