

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
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90004 023 ***550.00

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DOCUMENT # 410003

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1972

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 owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

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 V ☐ DELETE

NAME SANDERS, DUANE A.
STREET ADDRESS 10475-110 FORTUNE PKWY.
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE TV ☒ DELETE

NAME STINSON, THOMAS L.
STREET ADDRESS 10475-110 FORTUNE PKWY
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

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, with all other like empowered.

SIGNATURE:

Carlena E. Purcell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99
Date

(904) 363-6339
Daytime Phone #

CR2E034 (11/98)