Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90072 006 \*\*\*158.75

## 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

## DOCUMENT # 422421

1. Corporation Name

TOWER HILL INSURANCE GROUP, INC.

IOWEN	HILL INSUNANCE GROUP, I	H4O+							
Principal Place	of Business	Mailing Address					81 81811 81811 81811		011 01011 1001
7201 NW 11TH PL GAINESVILLE FL 32605 US		P.O. BOX 141158 GAINESVILLE FL 32614 US		DO NOT WRITE	N THIS SPACE	Ξ			
1		55				3. Date Incorporated or Qualifed 03/30/1973	,		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Арр	olied For
21		26 P.O. BOX 14	'JO	)/8		59-1461078		-	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>75</b> A	dditional quired
City & State	e	City & State				6. Election Campaign Financing	¬ \$5	.00	May Be
23		28 (bainesuille	≥. [	7		Trust Fund Contribution	J Ad	ided to	Fees
Zip	Country	Zip	Count	try	1	8. This corporation owes the current			_
24	25	29 32614-7018 30	A	ISC	.huð	Personal Property Tax.	Yes	;   	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	stered Agent		
CUN	ELV MHELIAMA I		8	31 Na	ame				
SHIVELY, WILLIAM J. 7201 NW 11TH PLACE			82 Street Addre			ess (P.O. Box Number is Not Acceptable	)		
GAIN	IESVILLE FL 32605		8	33					
			84 City			<del></del>	FL 85	Zip C	ode
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AN	of Florida. Such change was auth ions of, Section 607.0505, Florida t and title if applicable (NOTE: Re	orized b Statute	es.	corporation	oration submits this statement for the pur n's board of directors. I hereby accept the when reinstating)  ADDITIONS/CHANGES TO OFFIC	рате	as reg	Jistereo -
TITLE	PST OFFICERS AN	DELETE	1.1 TITLE	 F		7,25,110,10,10,10,10,10,10,10,10,10,10,10,10	☐ Cha		Addition
	SHIVELY, WILLIAM J.	<u> </u>	1.2 NAM						
NAME	7201 NW 11TH PLACE			EET ADO	BESS				
STREET ADDRESS				1.4 CITY-ST-ZIP					
CITY-ST-ZIP			2.1 TITLE				Ch;	ange	Addition
NAME	_		2.2 NAME						
STREET ADDRESS			2.3 STRE	FET ADD	RESS				
CITY-ST-ZIP	0.10 mg, m l = 21			2. 4 CITY-ST-ZIP					
TITLE			3.1 TITLE				☐ Cha	ange	☐ Addition
NAME	3.21		3.2 NAM	Ε					
STREET ADDRESS.			33 STRE	EET ADD	RESS				
CITY-ST-ZIP			3.4. CITY	r-ST-ZIP	,				-
TITLE		☐ DELETE	4.1 TITLE	E		<del></del>	[☐ Ch	ange	☐ Addition
NAME			4, 2 NAM	Æ					
STREET ADDRESS			4.3 STRE	EET ADD	RESS				
CITY-ST-ZIP			4.4 CITY	- ST- ZIP		·			
TITLE		☐ DELETE	5.1 TITLE	E	} _		□ Ch	ange	Addition
NAME			5.2 NAM						
STREET ADDRESS				EET ADD					
CITY-ST-ZIP			5.4 CITY		·				
TITLE		☐ DELETE	6.1 TITLE				☐ Cha	ange	☐ Addition
NAME			6.2 NAM						
CTREET ADDRESS	!		6.3 STR	EET ADD	RESS				

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 of firstee 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 attachnical with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

President, 1-11-99, 352-332-8800