

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90041 016 \*\*\*158.75

**DOCUMENT # 422421**

1. Entity Name  
**TOWER HILL INSURANCE GROUP, INC.**



Principal Place of Business  
**7201 N.W. 11TH PLACE  
GAINESVILLE, FL 32605 US**

Mailing Address  
**P.O. BOX 147018  
ATTN: LEGAL COMPLIANCE  
GAINESVILLE, FL 32614-7018 US**

**94016103**



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1461078**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PALMQUIST, JONATHAN B  
7201 N.W. 11TH PLACE  
GAINESVILLE, FL 32605**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CEO
NAME	SHIVELY, WILLIAM J
STREET ADDRESS	7201 N.W. 11TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	COO
NAME	MATZ, DONALD C JR
STREET ADDRESS	7201 N.W. 11TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	S
NAME	PALMQUIST, JONATHAN
STREET ADDRESS	7201 N.W. 11TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	?D
NAME	SHIVELY, WILLIAM J
STREET ADDRESS	7201 NW 11TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	T
NAME	SHEEKEY, BRIAN T
STREET ADDRESS	7201 NW 11TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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 #

*Jonathan B. Palmquist* Secretary + General Counsel 2/4/04 352.333.1214