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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 573559 (2)
1. Corporation Name
COMMERCIAL INSURANCE OF CENTRAL FLORIDA, INC.



Principal Place of Business
**2310 A-Z PARK ROAD
P O DRAWER 988
LAKELAND FL 33802-0988**

Mailing Address
**2310 A-Z PARK ROAD
P O DRAWER 988
LAKELAND FL 33802-0988**

3. Date Incorporated or Qualified
05/15/1978

3a. Date of Last Report
03/12/1996

4. FEI Number
59-1838330

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent
**BULL, WILLIAM B.
2310 A-Z PARK ROAD
LAKELAND FL 33801**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BULL, WILLIAM B.**

STREET ADDRESS **2310 A-Z PARK ROAD**

CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **P/D** ☒ Change ☐ Addition

1.2 NAME **William B. Bull**

1.3 STREET ADDRESS **2310 A-Z Park Road**

1.4 CITY-ST-ZIP **Lakeland, FL 33801**

2.1 TITLE **T/D** ☐ Change ☒ Addition

2.2 NAME **Russell L. Wall**

2.3 STREET ADDRESS **2310 A-Z Park Road**

2.4 CITY-ST-ZIP **Lakeland, FL 33801**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **Thomas L. Clarke, Jr.**

3.3 STREET ADDRESS **2310 A-Z Park Road**

3.4 CITY-ST-ZIP **Lakeland, FL 33801**

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 do 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: **William B. Bull** 1-31-97 941-665-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)