


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90178 020 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 605513**

1. Corporation Name  
**FCP SELF-INSURERS, INC.**

Principal Place of Business  
**490 THIRD STREET N.W.**  
**WINTER HAVEN FL 33882-0780**

Mailing Address  
**490 THIRD STREET N.W.**  
**WINTER HAVEN FL 33882-0780**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1978</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1865474</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BEASLEY, JR C C</b> <b>921 PIEDMONT DRIVE SE</b> <b>WINTER HAVEN FL 33880</b>		<b>81 Name SHAW, RODERICK K. JR.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>4409 BROOKWOOD DRIVE, SUITE 100</b> <b>83 TAMPA, FLORIDA 33629</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	

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]* DATE **3/4/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNGBLOOD, B C</b>	1.2 NAME	
STREET ADDRESS	<b>440 NORTH DILLARD ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SMD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEASLEY, CLIFFORD C</b>	2.2 NAME	<b>LISA YOUNG RATH</b>
STREET ADDRESS	<b>490-3RD ST N W</b>	2.3 STREET ADDRESS	<b>935 SOUTH OAK AVENUE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	<b>BARTOW, FLORIDA 33830</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *[Signature]* DATE **3/4/99** DAYTIME PHONE # **941-293-4771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)