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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90018 001 *1,350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830709

1. Corporation Name

ARISTAR INSURANCE COMPANY

Principal Place of Business

**HIDDEN RIVER CORP. PARK
8900 GRAND OAK CIRCLE
TAMPA FL 33637
US**

Mailing Address

**HIDDEN RIVER CORP. PARK
8900 GRAND OAK CIRCLE
TAMPA FL 33637
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1973

4. FEI Number

04-2275299

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARNER, JAMES R SR.
CAPITOL BUILDING
8900 GRAND OAK CIRCLE
TAMPA FL 33637**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT ☐ DELETE

NAME **GARNER, JAMES R**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33637-1050**

11 TITLE

SV/S/D

☒ Change ☐ Addition

NAME **GARNER, JAMES R**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33637-1050**

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME **EVANS, WAYNE L**
STREET ADDRESS **8900 GRAND OAK CIR**
CITY-ST-ZIP **TAMPA FL**

21 TITLE

P/D

☐ Change ☒ Addition

NAME **EVANS, WAYNE L**
STREET ADDRESS **8900 GRAND OAK CIR**
CITY-ST-ZIP **TAMPA FL**

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME **SHIGLEY HENRY F**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33637**

31 TITLE

SV/D

☒ Change ☐ Addition

NAME **SHIGLEY HENRY F**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33637**

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE AS ☒ DELETE

NAME **HAZEL A BROTT**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33637**

41 TITLE

AS

☐ Change ☒ Addition

NAME **HAZEL A BROTT**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA FL 33637**

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE COB ☒ DELETE

NAME **PAPPAS, MICHAEL M**
STREET ADDRESS **8900 GRAND OAK CIR**
CITY-ST-ZIP **TAMPA FL 33637**

51 TITLE

SV/IT/D

☐ Change ☒ Addition

NAME **PAPPAS, MICHAEL M**
STREET ADDRESS **8900 GRAND OAK CIR**
CITY-ST-ZIP **TAMPA FL 33637**

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

SV/D

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**GARY E. WHITING
8900 GRAND OAK CIRCLE
TAMPA, FL 33637-1050**

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:

Beverly Thurston

BEVERLY THURSTON

2/23/99 (813) 632-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)