

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

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90007 003 \*\*\*150.00

DOCUMENT # 848274

1. Corporation Name  
DAWSON INSURANCE, INC.

Principal Place of Business  
1340 DEPOT STREET  
ROCKY RIVER OH 44116

Mailing Address  
1340 DEPOT STREET  
ROCKY RIVER OH 44116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1981

4. FEI Number

34-0183810

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

9. Name and Address of Current Registered Agent

SCHOTT, WENDELL H  
1565 SHADOW RIDGE CIRCLE  
SARASOTA FL 34280

10. Name and Address of New Registered Agent

81 Name D. Michael Sherman  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 15520 Fiddlesticks Blvd.  
84 City Ft. Myers FL 85 Zip Code 33912

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

TITLE P ☐ DELETE

NAME SHERMAN, MICHAEL D  
STREET ADDRESS 1340 DEPOT STREET  
CITY-ST-ZIP ROCKY RIVER, OHIO 00000

TITLE V ☐ DELETE

NAME KMETZ, MICHAEL J.  
STREET ADDRESS 1340 DEPOT STREET  
CITY-ST-ZIP ROCKY RIVER OH

TITLE V ☐ DELETE

NAME MYER, DAVID W.  
STREET ADDRESS 1340 DEPOT STREET  
CITY-ST-ZIP ROCKY RIVER OH

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 ☒ Change ☐ Addition

1.2 NAME Sherman, D. Michael  
1.3 STREET ADDRESS 15220 Fiddlesticks Blvd.  
1.4 CITY-ST-ZIP Ft. Myers, FL 33912

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME Lampus, Robert W.  
4.3 STREET ADDRESS 1340 Depot St.  
4.4 CITY-ST-ZIP Rocky River, OH 44116

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 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 and Typed or Printed Name of Signing Officer or Director  
MICHAEL J. KMETZ

Date 3/22/99 Daytime Phone # 440-333-9000

CR2E034 (1/98)