

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90068 023 \*\*\*150.00

**DOCUMENT # F00000006998**

1. Entity Name  
**INTERLEX INSURANCE COMPANY**



Principal Place of Business  
**1343 EAST KINGSLEY  
SUITE G  
SPRINGFIELD, MO 65804**

Mailing Address  
**1343 EAST KINGSLEY  
SUITE G  
SPRINGFIELD, MO 65804**

**40013304**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**225 Water Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 1400**

01092007 Chg-P CR2E034 (12/06)

City & State

City & State  
**Jacksonville, Florida**

4. FEI Number  
**43-1327896**

Applied For  
Not Applicable

Zip

Country

Zip

**32202**

Country

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORTELBOER, ROB  
1000 RIVERSIDE AVE., STE 800  
JACKSONVILLE, FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WHITE, ROBERT E JR  
STREET ADDRESS 200 E. KARI COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE D ☐ Change ☒ Addition  
NAME Pippin Samuel J.  
STREET ADDRESS 1343 East Kingsley, Suite G  
CITY-ST-ZIP Springfield, MO 65804

TITLE DT ☐ Delete  
NAME SICILIAN, LOUIS V  
STREET ADDRESS 1000 RIVERSIDE AVE., 8TH FLR  
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE D ☐ Change ☒ Addition  
NAME Stark, Cynthia K.  
STREET ADDRESS 1343 East Kingsley, Suite G  
CITY-ST-ZIP Springfield, MO 65804

TITLE DVP ☐ Delete  
NAME DIVITA, CHARLES III  
STREET ADDRESS 225 WATER ST., SUITE 1400  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D ☐ Change ☒ Addition  
NAME Rominger, Elizabeth  
STREET ADDRESS 1000 Riverside Avenue, 8th Floor  
CITY-ST-ZIP Jacksonville, FL 32204

TITLE AS ☐ Delete  
NAME PARKS, PEGGY A  
STREET ADDRESS 5024 RIPPLE RUSH DR. N.  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DS ☐ Change ☒ Addition  
NAME Wortelboer, Robert L., Jr.  
STREET ADDRESS 1000 Riverside Avenue, 8th Floor  
CITY-ST-ZIP Jacksonville, FL 32204

TITLE CD ☐ Delete  
NAME SPATARO, PETER F  
STREET ADDRESS 9035 FERNALD  
CITY-ST-ZIP ST LOUIS, MO

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WULFF, ROBERT A SR  
STREET ADDRESS 18131 BENT RIDGE  
CITY-ST-ZIP WILDWOOD, MO 63038

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Peggy A. Parks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peggy A. Parks**

*2/9/07*  
Date

**(904) 360-3605**  
Daytime Phone #