

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 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 # F21278 (9)

1. Corporation Name
SOUTHWEST FLORIDA INSURORS, INC.



Principal Place of Business

4089 TAMAMI TRAIL N
STE A-203
NAPLES 34103
US

Mailing Address

106 WOODSHIRE LANE
NAPLES FL 34105-7427
US

2. Principal Place of Business

21 JAME

Suite, Apt. #, etc.

22 City & State

23 Zip

34103

Country

24

2a. Mailing Address

26 106 WOODSHIRE LANE

Suite, Apt. #, etc.

27 SAME

28 City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

03/06/1981

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2136287

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

9. Name and Address of Current Registered Agent

SIEBERN, NORMAN L
106 WOODSHIRE LANE
NAPLES FL 33942

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

Norman L. Siebern
Signature of person printed name of registered agent and title if applicable

NORMAN L. SIEBERN
(NOTE: Registered Agent's signature required when reinstating)

1/21/97
DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME SIEBERN, LISA M
STREET ADDRESS 106 WOODSHIRE LANE
CITY - ST - ZIP NAPLES FL 33942

TITLE P ☐ DELETE

NAME SIEBERN, NORMAN L
STREET ADDRESS 106 WOODSHIRE LANE
CITY - ST - ZIP NAPLES FL 33942

TITLE S ☐ DELETE

NAME SIEBERN, JENNIFER
STREET ADDRESS 101 ARBOR VIEW COURT
CITY - ST - ZIP POINTE VEDRA BEACH FL 32082

TITLE T ☐ DELETE

NAME SIEBERN-WEISS, SAUNDRA
STREET ADDRESS 6015 CHARDONNAY LANE #102
CITY - ST - ZIP NAPLES FL 33999

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 SAME ☒ Change ☐ Addition

1.2 NAME SIEBERN, LISA M.
1.3 STREET ADDRESS 225 BAYVIEW DRIVE
1.4 CITY - ST - ZIP LEES SUMMIT, MO. 64064

2.1 TITLE SAME ☒ Change ☐ Addition

2.2 NAME SAME
2.3 STREET ADDRESS 106 WOODSHIRE LANE
2.4 CITY - ST - ZIP NAPLES, FL 34105

3.1 TITLE SAME ☒ Change ☐ Addition

3.2 NAME SPIRES, JENNIFER
3.3 STREET ADDRESS SAME
3.4 CITY - ST - ZIP POINTE VEDRA BEACH, FL 32082

4.1 TITLE SAME ☒ Change ☐ Addition

4.2 NAME SIEBERN-WEISS, SAUNDRA
4.3 STREET ADDRESS SAME
4.4 CITY - ST - ZIP NAPLES, FL 34119

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: *Norman L. Siebern, Pres.* 1/21/97 (941) 261-0428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)