

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  
Jun 19, 1999 8:00 am  
Secretary of State

06-19-1999 90006 001 \*3,300.00

DOCUMENT # F960000000075

1. Corporation Name

AMCOMP INCORPORATED

Principal Place of Business

701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH FL 33408

Mailing Address

701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1996

4. FEI Number

65-0636842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE CD  
NAME STEPHENS, SAM A  
STREET ADDRESS 701 U.S. HIGHWAY 1, SUITE 200  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ DELETE

TITLE PD  
NAME LOWE, FREDERICK R  
STREET ADDRESS 701 U.S. HIGHWAY 1, SUITE 200  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ DELETE

TITLE VD  
NAME CERRE-RUEDISILI, DEBRA  
STREET ADDRESS 701 U.S. HIGHWAY 1, SUITE 200  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ DELETE

TITLE VT  
NAME JOHNSON, DONALD L  
STREET ADDRESS 701 U.S. HIGHWAY 1, SUITE 200  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ DELETE

TITLE SVD  
NAME HANSON, DALE E  
STREET ADDRESS 701 U.S. HIGHWAY 1, SUITE 200  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ DELETE

TITLE D  
NAME QUEALLY, PAUL B  
STREET ADDRESS 701 U.S. HIGHWAY 1, SUITE 200  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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

C.F.O. Donald Lee Johnson 5/28/99 (561) 840-7171

Date

Daytime Phone #

CR2E034 (11/98)

0326432