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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96334

(9)

CONTINENTAL INSURANCE GROUP, INC.

FILED Apr 25 1997 8:00am Secretary of State

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Principal Place of Business 00 31ST STREET NORTH STE. 215 STE STEERSBURG FL 33713		Mailing Address P. O. BOX 15407 N/A ST. PETERSBURG FL 33733-5407 US		1 1001111 TOTO 10140 01400 11700 1111 0401 0			
1\$					 Date Incorporated or Qualified 04/16/1984 	3a. Date of L 06/24/19	
 Principal 	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2400008		Applied For Not Applicable
Suite, Ap	ol #, élc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7 "	.75 Additional see Required
City & St	ale	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
<i>Z</i> (p	Country	Zip	Country		8. This corporation has liability for i	ntangible tax ur Yes 🌅 No	nder s. 199.032,
	25 9, Name and Address of Cu	rrent Registered Agent	30		Florida Statutes 10. Name and Address of New Re		
RIA	CK, JAMES L.		81	Name	10.		
	31ST STREET NORTH						
	E. 215		82	Street Add	ress (P.O. Box Number is Not Accept ab	ie)	
	PETERSBURG FL 33713		83				
			84	City	'.	FL 85	Zip Code
office o agent I	ir registered agent, or both, in the S Lam familiar with, and accept the ol	.0502 and 607, 1508, Florida Stat state of Florida Such change was bligations of, Section 607,0505, I	utes, the above s authorized by Florida Statutes	e-named corpora the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chan- it the appointme	ging its registered ant as registered
IGNATURE	Signature, typed or printed name of registers	d agent and trie it applicable (N	OTE Registered Age	nt signature regul	trad the relation	DATE	
~	or come			an organization of rough			
2	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
	P	AND DIRECTORS					
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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 12 or Block 13 if chapted, of on ap 3 tachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813/321/272

ytime Phone #