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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # .IO168

(1)

1. Corporation Name SUN GENERAL INSURANCE CORPORATION Principa! Place of Business Mailing Address 115 DALE MABRY HWY SOUTH TAMPA FL 33609-9638 115 DALE MABRY HWY SOUTH TAMPA FL 33609-9638									
70						3. Date Incorporated or Qualified 03/03/1986	3a. Date	of Last)/12/19	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		7 12/10	Applied For
Suite, Apt.	# etc	26 Suite Act # etc				59-1667388		_	Not Applicable
22	., 5.6.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State	e	City & State				6 Flortion Comparing Financian			Required
23		28				6. Election Campaign Financing Trust Fund Contribution			DO May Be ed to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for	intangible ta		
24	9. Name and Address of Curr	29	30	,		Florida Statutes Yes	□ No		J 100.002,
	9. Name and Address of Curr	ent Registered Agent		81 N		10. Name and Address of New F	egistered /	gent	
O'NEII	MICHAEL L.			וים	ame				
115 SOL		82 Street Add		ss (P.O. Box Number is Not Acceptab	le)				
TAMPA F					····				
				84 Ci	•		Ci		ip Code
 Pursuant t or register familiar wit 	to the provisions of Sections 607.050 red agent, or both, in the State of Fio th, and accept the obligations of Section 1.50 red to the obligation	02 and 607.1508, Florida Statute rida. Such change was authorize	es, the abo ed by the o	ve-name corporati	ed corpora ion's board	tion submits this statement for the pur of directors. I hereby accept the appo	pose of cha- pintment as i	nging its reaistered	registered office
SIGNATURE	14.1.0-10	100 .0005, Florida Statutes	2.186					-5	a ago ki i ani
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE Registered	Agent sign	ature required	when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
11TLF	D DINER MOUVE	DELETÉ	1.1 1	TLE				Change	Addition
NAME OTOGET LABOREDO	O'NEIL, MICHAEL L. 115 SOUTH DALE MABRY H		1.2 NA	ME					_
STREET ADDRESS	I 119 SOUTH DATE WARK! H								
017 CT 710	TAMPA FI	IIGHWAY	1.3 ST	REET ADDR	RESS				
CiTY - ST - ZiP	TAMPA FL		1.4 CI	TY-ST-ZIP				·	
	TAMPA FL	IGHWAY ☐ DELETE	1.4 CT 2.1 TI	TY-ST-ZIP TLE				Change	☐ Addition
TITLE NAME	TAMPA FL		1.4 CT 2 1 TF 2.2 NA	TY-ST-ZIP TLE ME				Change	☐ Addition
TITLE NAME STREET ADDRESS	TAMPA FL		1.4 CI 2 1 TI 2.2 NA 2.3 STI	TY-ST-ZIP TLE ME REET ADOR				Change	Addition
TITLE NAME STREET ADDRESS CITY+ST+ZIP	TAMPA FL		1.4 CI 2 1 TI 2.2 NA 2.3 STI	TY-ST-ZIP TLE ME REET ADDR IY-ST-ZIP					<u> </u>
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	TAMPA FL	☐ DELETE	1.4 CT 2 1 TF 2.2 NA 2.3 ST 2.4 CT	TY-ST-ZIP TLE ME REET ADDR IV-ST-ZIP TLE				Change Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE VAME	TAMPA FL	☐ DELETE	1.4 CI 2 1 TI 2.2 NA 2.3 STI 2.4 CII 3 1 TI 3 2 NA	TY-ST-ZIP TLE ME REET ADDR IV-ST-ZIP TLE	ESS				<u> </u>
ITTLE NAME STREET ADDRESS CHY-SE-ZIP ITTLE NAME STREET ADDRESS CHY-SE-ZIP	TAMPA FL	☐ DELETE	1.4 CT 2 1 TF 2.2 NA 2.3 ST 2.4 CT 3 1 TT 3.2 NA 3.3 ST	TY-ST-ZIP TLE .ME REET ADDR: IY-ST-ZIP TLE .ME	ESS				<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP THE VAME STREET ADDRESS CITY-ST-ZIP THE	TAMPA FL	☐ DELETE	1.4 CT 2 1 TF 2.2 NA 2.3 ST 2.4 CT 3 1 TT 3.2 NA 3.3 ST	TY-ST-ZIP TLE ME REET ADDR IY-ST-ZIP TLE ME REET ADDR IY-ST-ZIP	ESS				<u> </u>
TITLE NAME STREET ADDRESS CHY-ST-ZiP TITLE NAME STREET ADDRESS CHY-ST-ZiP UITLE NAME	TAMPA FL	☐ DELETE	1.4 CI 2 1 TI 2.2 NA 2.3 STI 2.4 CIT 3 1 TI 3.2 NA 3.3 ST 3.4 CIT	TY-ST-ZIP TLE ME REET ADDR IV-ST-ZIP TLE ME REET ADDR V-ST-ZIP TLE REET ADDR	ESS			Change	Addition
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ME OF SIGNING OFFICER OR DIRECTOR