FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J26737** **(3)**

1. Corporation Name

FLORIDA EMPLOYERS EXCESS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2601 CATTLEMEN ROAD SARASOTA FL 34232	2601 CATTLEMEN ROAD SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1986**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2721241** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25
Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBS,G. W.
2601 CATTLEMAN ROAD
SARASOTA FL 34232

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(S) (Required Signature(s) of Current Registered Agent and/or New Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
41 TITLE	V	51 TITLE	☐ Change ☒ Addition
NAME	MCMANUS, ROBERT	52 NAME	
STREET ADDRESS	2601 CATTLEMEN ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	34232
31 TITLE	PD	61 TITLE	☐ Change ☒ Addition
NAME	NEFF, RAY	62 NAME	
STREET ADDRESS	2601 CATTLEMEN ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	34232
32 TITLE	V	71 TITLE	D/C ☒ Change ☒ Addition
NAME	SWINDELL, GEORGE	72 NAME	RUSSELL A. CURRIN, JR.
STREET ADDRESS	2601 CATTLEMEN ROAD	73 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	74 CITY-ST-ZIP	
33 TITLE	T	81 TITLE	☐ Change ☒ Addition
NAME	WEBBER, DAVID	82 NAME	
STREET ADDRESS	2601 CATTLEMEN ROAD	83 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	84 CITY-ST-ZIP	34232
34 TITLE	V	91 TITLE	D ☒ Change ☒ Addition
NAME	MCCARTHA, RAY	92 NAME	ALBERT L. CONYERS
STREET ADDRESS	2601 CATTLEMEN ROAD	93 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	94 CITY-ST-ZIP	34232
35 TITLE	DC	101 TITLE	D ☒ Change ☒ Addition
NAME	HABER, MARVIN S.	102 NAME	
STREET ADDRESS	2601 CATTLEMEN ROAD	103 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	104 CITY-ST-ZIP	34232

14. I hereby certify that the information supplied with this filing is complete, accurate and true. I am qualified for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 with an address.

SIGNATURE: Treasurer 4/26/95 (813)951-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone
David L. Webber

0340273 CP

J26737

12. continued

D Stottlemyer, Charles E. 2601 Cattlemen Rd. Sarasota, Fl. 34232