

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90094 039 \*\*\*150.00

04/2040

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J26737

1. Corporation Name  
FLORIDA EMPLOYERS EXCESS INSURANCE AGENCY, INC.

Principal Place of Business 2601 CATTLEMEN ROAD SARASOTA FL 34232	Mailing Address 2601 CATTLEMEN ROAD SARASOTA FL 34232
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1986

4. FEI Number

59-2721241

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

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMANUS, ROBERT	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEFF, RAYMOND M	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACOBS, G.W.
2.3 STREET ADDRESS	2601 CATTLEMEN ROAD
2.4 CITY-ST-ZIP	SARASOTA, FL

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CURRIN, RUSSELL A JR.	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	WEBBER, DAVID	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT, CONYERS L.	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HABER, MARVIN S.	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / 27 / 99 (941) 951-3627

Date

Daytime Phone #

CR2E034 (11/98)