

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 10 1996 8:00 am  
Secretary of State

DOCUMENT # J46788 (2)  
1. Corporation Name  
PCA PROPERTY & CASUALTY INSURANCE COMPANY



Principal Place of Business Mailing Address  
260 WEKIVA SPGS.RD.  
P.O.BOX 161629  
LONGWOOD FL 32779  
260 WEKIVA SPGS.RD.  
P.O.BOX 161629  
LONGWOOD FL 32779

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30  
24 25 29 30

3. Date Incorporated or Qualified 12/12/1986 3a. Date of Last Report 04/03/1995  
4. FEI Number 59-2751095 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, EUGENE G.  
260 WEKIVA SPGS.RD.  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name Nancy A. Blastic  
82 Street Address (P.O. Box Number is Not Acceptable) 260 Wekiva Springs Rd.  
83  
84 City Longwood FL 85 Zip Code 32779

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 607.0506, Florida Statutes.

SIGNATURE *Nancy A. Blastic* Nancy A. Blastic Secretary 3/26/96  
Signature of or printed name of registered agent and file if applicable. (NOTE: Registered Agent's signature required when not stating DATE)

12. OFFICERS AND DIRECTORS  
TITLE PD ☒ DELETE  
NAME HILL, EUGENE G.  
STREET ADDRESS 24037 WOLF BRANCH RD.  
CITY-STATE-ZIP SORRENTO FL 32776  
TITLE COO ☐ DELETE  
NAME SMITH, BOBBY R.  
STREET ADDRESS 1306 RICHMOND RD.  
CITY-STATE-ZIP WINTER PARK FL 32789  
TITLE AT ☐ DELETE  
NAME WILLIS, DAVID  
STREET ADDRESS 1461 RIVIERA DR.  
CITY-STATE-ZIP KISSIMMEE FL 34744  
TITLE VD ☒ DELETE  
NAME KRAUSER, DAVID  
STREET ADDRESS 2164 TURKEY RUN  
CITY-STATE-ZIP ORLANDO FL  
TITLE DAS ☐ DELETE  
NAME JASMUND, DAVID  
STREET ADDRESS 916 SEVILLE PLACE  
CITY-STATE-ZIP ORLANDO FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME Olson, Mark  
1.3 STREET ADDRESS 2326 Spicewood Court  
1.4 CITY-STATE-ZIP Dunedin, FL 34698  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Willis, David  
3.3 STREET ADDRESS 1461 Riviera Drive  
3.4 CITY-STATE-ZIP Kissimmee, FL 34744  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 200001775152  
4.4 CITY-STATE-ZIP -04/10/96--01028--016  
5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Jasmund, David  
5.3 STREET ADDRESS 916 Seville Place  
5.4 CITY-STATE-ZIP Orlando, FL  
6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Blastic, Nancy A.  
6.3 STREET ADDRESS 658 Andover Circle  
6.4 CITY-STATE-ZIP Winter Springs, FL 32708

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Nancy A. Blastic* Nancy A. Blastic 3/26/96 (407) 788-1717  
Signature and typed or printed name of signing officer or director. Date (Type or Print)

CR2E034 (12/95)