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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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**

3. Date Incorporated or Qualified **12/12/1986** 3a. Date of Last Report **04/10/1996**
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

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

**BLASTIC, NANCY A
260 WEKIVA SPGS.RD.
LONGWOOD FL 32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	OLSON, MARK	
STREET ADDRESS	2326 SPICEWOOD COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BOBBY R.	
STREET ADDRESS	1308 RICHMOND RD.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIS, DAVID	
STREET ADDRESS	1461 RIVIERA DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLASTIC, NANCY A	
STREET ADDRESS	658 ANDOVER CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JASMUND, DAVID	
STREET ADDRESS	916 SEVILLE PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCED D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Olson, D. Mark	
1.3 STREET ADDRESS	2326 Spicewood Ct.	
1.4 CITY-ST-ZIP	Dunedin FL 34698	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kilissanly, Peter E.	
2.3 STREET ADDRESS	4805 Lake Road	
2.4 CITY-ST-ZIP	Miami FL 34698	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shipes, A. Marshall	
3.3 STREET ADDRESS	3417 Partridge Rd	
3.4 CITY-ST-ZIP	Oklahoma City OK 73120	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donnelly, Clifford W.	
4.3 STREET ADDRESS	13071 Mar Street	
4.4 CITY-ST-ZIP	Coral Gables FL 33126	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Johnson, Glen R.	
5.3 STREET ADDRESS	5835 Blue Lagoon Dr	
5.4 CITY-ST-ZIP	Miami FL 33126	
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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy A Blastic* **NANCY A BLASTIC** 2/21/97 (407) 788-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)