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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **J61688**

(4)

FIRST FLORIDA INSURERS OF TAMPA, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1996 8:00 am Secretary of State



3500 HENDED									
TAMPA FL 33	rson blyd (3609	STE 300	3502 HEND TAMPA FL	ERSON BLVD 33609	D STE 300				
-							3. Date incorporated or Qualified 03/13/1987	3a. Date of Las 05/01/1	
 Principal Pia 	ace of Busine:	SS	2a. Mailing A	Address			4. FEI Number 59-2798509		Applied For
Suite, Apt. #	#, etc.		Suite, Ap	ot # etc			39 21 90309		Not Applicable
1		· · · · · · · · · · · · · · · · · · ·	27				5. Certificate of Status Desired		.75 Additional ee Required
City & State) 		City & St	ato			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip		Country 25	Zip 29		Gounti	ry .	8. This corporation has liability for a Florida Statutes Yes	intangible tax unde	ers 199.032,
	9. Name a	and Address of Cur	rent Registered Age	ent			10. Name and Address of New R	egistered Agent	
 -					8	1 Name			
PULS, JOHN L., JR. 3502 HENDERSON BLVD STE 300					8:	82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA F					8:	3	······································		
					8	City		lee!	Zip Code
						1 ""	oration submits this statement for the pur	FL B5	•
familiar witl	th, and accept	ous, in the state of th	ection 607.0505, Flor	vas aumonze ida Statutes.	a by the cor	poration s oc	pard of directors. Fhereby accept the appo	ointment as registe	ered agent. I am
	Signar.ire typed or		AND DIRECTORS	(NOT)	E Registered Age	ent signature requ	red when reinstating!	DATE	
LE I	PS	OFFICERS		DELETE			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
								Charles Charles	[7]
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		HN LEO JR. IDERSON BLVD #		DECETE	1 2 NAME			☐ Chan	ge 🔲 Addition
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certify that the information indicated on this abrital report or supplemental arrival 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 truebes empowered to secure this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter or on an ottachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (8/3) 875.8662