

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

FILED

Feb 24 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 # J79273 (5)

1. Corporation Name  
SOUTHERN COASTAL UNDERWRITERS, INC.

Principal Place of Business  
10 DOUG FORD DRIVE  
P.O. BOX 34217  
PENSACOLA FL 32507-1217

Mailing Address  
10 DOUG FORD DRIVE  
P.O. BOX 34217  
PENSACOLA FL 32507-4217



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
06/19/1987

3a. Date of Last Report  
06/28/1996

4. FEI Number

59-2826491

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

SMITH, MICHAEL D.  
201 EAST GOVERNMENT STREET  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name LIZ ALEXANDER  
82 Street Address (P.O. Box Number is Not Acceptable)  
10 DOUG FORD DRIVE  
83  
84 City PENSACOLA FL 85 Zip Code 32507

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

Elizabeth L. Alexander

Elizabeth L. Alexander

2/19/97

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALEXANDER, MIKE	
STREET ADDRESS	52 VALLEY ESTATES CT.	
CITY-ST-ZIP	LITTLE ROCK AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHORT, RUSS	
STREET ADDRESS	3621 FOXCROFT	
CITY-ST-ZIP	LITTLE ROCK AL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ALEXANDER, BOB	
STREET ADDRESS	21 VALLEY ESTATES	
CITY-ST-ZIP	LITTLE ROCK AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	LITTLE ROCK, AR 72212
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	LITTLE ROCK, AR 72207
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13621 BECKENHAM
3.4 CITY-ST-ZIP	LITTLE ROCK, AR 72212
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, upon an attached list with an address.

SIGNATURE:

Mike Alexander

2/09/97

501-237-9670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0486189

CR2E034 (9/96)