

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

FILED

Jan 14 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 # K00611 (9)

1. Corporation Name  
FLORIDA CLAIMS BUREAU, INCORPORATED

Principal Place of Business

8320 S. TAMiami TR.  
SARASOTA FL 34238

Mailing Address

8320 S. TAMiami TR.  
SARASOTA FL 34238-2834



2. Principal Place of Business

21 873 S. Tamiami Tr

2a. Mailing Address

26 P.O. 159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Osprey, FL

City & State

28 Osprey FL

Zip

24 34229

County

25 Sarasota

Zip

29 34229

County

30 Sarasota

9. Name and Address of Current Registered Agent

ROBINSON, ERNEST F.  
620 N. PORTIA ST.  
NOKOMIS FL 34275

1601 S. Pelican Pt.

Pr.

Sarasota FL 34236

3. Date Incorporated or Qualified

10/12/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2546148

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

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 or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROBINSON, ERNEST F.  
STREET ADDRESS 8320 S. TAMiami TR.  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE  
NAME 873 S. Tamiami Tr  
STREET ADDRESS OSprey, FL  
CITY-ST-ZIP 34229

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 of this filing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 941-966-1198  
Date Daytime Phone #

CR2E034 (9/96)