FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K31776** **(3)**

1. Corporation Name

FLORIDA PETROLEUM LIABILITY INSURANCE PROGRAM AD MINISTRATORS, INC.

Principal Place of Business	Mailing Address
317 RIVEREDGE BLVD P. O. BOX 1947 COCOA FL 32923-1947 US	317 RIVEREDGE BLVD P. O. BOX 1947 COCOA FL 32923-1947 US

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

3. Date Incorporated or Qualified: **08/25/1988**

3a. Date of Last Report: **06/28/1995**

4. FEI Number: **59-2919248** ☐ 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

HARRISON, WENDELL D.
317 RIVEREDGE BLVD
COCOA FL 32922

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: X Wendell Harris
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCHANAN, MARK S. 2901 INDIAN RIVER DR. COCOA FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, WENDELL D. 1102 FAIRLAWN DRIVE ROCKLEDGE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, GELNN W. 501 CARR ROAD WILMINGTON DE	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTELLI, MIKE C/O A.I.G 99 JOHN STREET NEW YORK NE	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORNELL, KEN C/O A.I.G. 70 PINE STREET NEW YORK NE	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D, VP BUCHANAN, MARK S. 317 RIVEREDGE BLVD. COCOA, FL 32922	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D, P HARRISON, WENDELL D. 317 RIVEREDGE BLVD. COCOA, FL 32922	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D, VP CLARK, GLENN W. 501 CARR ROAD WILMINGTON, DE	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S TUCK, ELIZABETH M. 501 CARR ROAD WILMINGTON, DE	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP HOOVER, FRANK 501 CARR ROAD WILMINGTON, DE	☐ Change ☒ Addition

CR2E034 (12/95)

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: X Wendell Harris — 4-30-96 (407) 631-0070 EXT 502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #