

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90065 014 ***150.00

DOCUMENT # K40963

1. Corporation Name

FLORIDA EMPLOYERS LIFE INSURANCE CORPORATION

Principal Place of Business

2601 CATTLEMAN ROAD
SARASOTA FL 34232

Mailing Address

2601 CATTLEMAN ROAD
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1988

4. FEI Number

65-0078840

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 owes the current year Intangible
Personal Property Tax. ☒ 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

10. Name and Address of New Registered Agent

JACOBS, GORDON W.
2601 CATTLEMEN ROAD
SARASOTA FL 34232-3214

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME NEFF, RAYMOND M.
STREET ADDRESS 2601 CATTLEMEN RD
CITY-ST-ZIP SARASOTA FL

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME JACOBS, G.W.
1.3 STREET ADDRESS 2601 CATTLEMEN RD
1.4 CITY-ST-ZIP SARASOTA, FL 34232

TITLE VT ☐ DELETE
NAME WEBBER, DAVID L.
STREET ADDRESS 2601 CATTLEMEN RD
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HABER, MARVIN S.
STREET ADDRESS 2601 CATTLEMEN RD
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STOTTMAYER, CHARLES
STREET ADDRESS 2601 CATTLEMEN RD
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VS ☒ DELETE
NAME JACOBS, G.W.
STREET ADDRESS 2601 CATTLEMEN RD
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME McMANUS, ROBERT
5.3 STREET ADDRESS 2601 CATTLEMEN RD
5.4 CITY-ST-ZIP SARASOTA, FL

TITLE CD ☐ DELETE
NAME CURRIN, RUSSELL A JR.
STREET ADDRESS 2601 CATTLEMEN ROAD
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(941) 951-3627

Daytime Phone #

CR2E034 (11/98)

0472077