

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 # K58531 (0)

1. Corporation Name

TRI-COUNTY INSURANCE GROUP INC.



Principal Place of Business

% GLEN A. ESBJORN
238 N. WESTMONTE DR. SUITE 100
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

% GLEN A. ESBJORN
238 N. WESTMONTE DR. SUITE 100
ALTAMONTE SPRINGS FL 32714
US

3. Date Incorporated or Qualified
01/11/1989

3a. Date of Last Report
04/21/1995

2. Principal Place of Business
21 197 MONTGOMERY RD.

2a. Mailing Address
26 P.O. BOX 162207

4. FE Number
59-2924949

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State
23 ALTAMONTE SPRINGS FL

27 City & State
28 ALTAMONTE SPRINGS FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
32714 USA

29 Zip Country
32714 USA

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESBJORN, GLEN A.
238 N. WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS FL 32714

81 Name GLEN A. ESBJORN
82 Street Address (P.O. Box Number is Not Acceptable)
197 MONTGOMERY RD.
83
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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 GLEN A. ESBJORN PRESIDENT 5/1/96

Signature by and printed name of registered agent and the applicable (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PSD			<input type="checkbox"/>
	ESBJORN, GLEN A.	238 N. WESTMONTE DR. SUITE 100	ALTAMONTE SPGS FL	
	VTD			<input type="checkbox"/>
	COLLINS, WHALEN	238 N. WESTMONTE DR. SUITE 100	ALTAMONTE SPGS FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 GLEN A. ESBJORN 5/1/96 407-788-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)