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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L43055** **(7)**

1. Corporation Name
EMPLOYERS MUTUAL INC.

Principal Place of Business	Mailing Address
9716 SAN JOSE BLVD STE 200 JACKSONVILLE FL 32257 US	9716 SAN JOSE BLVD. STE. 200 JACKSONVILLE FL 32257 US

3. Date Incorporated or Qualified: **01/18/1990**
3a. Date of Last Report: **03/24/1995**

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

4. FEI Number: **59-2989676** ☐ 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

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIELDS, WILLIAM E. 9716 SAN JOSE BLVD. STE. 200 JACKSONVILLE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C/P/T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS MUELLER, MARKUS 9716 SAN JOSE BLVD. STE. 200 JACKSONVILLE FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ANDERSON, WYLIE L 9716 SAN JOSE BLVD., STE 200 JACKSONVILLE FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FANE, DR. GARY R. 12955 CURT DR JACKSONVILLE FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 700001796537 -04/26/96--01081--002 ***208.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK, CLIFF 2342 OCEAN WALK DR ATLANTIC BEACH FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED LISTING ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 2 4.26

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)(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.

SIGNATURE: John Tippins JOHN TIPPINS 4/19/96 904/260-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12. (Continued)

Title	V	[x] Addition
Name	BATIE, BOBBY N.	
Street Address	9716 SAN JOSE BLVD. STE.200	
City-St-Zip	JACKSONVILLE, FL	

Title	V	[x] Addition
Name	TIPPINS, JOHN M.	
Street Address	9716 SAN JOSE BLVD. STE.200	
City-St-Zip	JACKSONVILLE, FL	