FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003506 (2)**

1. Corporation Name
FLORIDA SELF-INSURANCE FUND GUARANTY ASSOCIATION , INC.

Principal Place of Business	Mailing Address
1680 FRUITVILLE ROAD, SUITE 300 SARASOTA FL 34236	1680 FRUITVILLE ROAD, SUITE 300 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3255743 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1515 Ringling Blvd.	26 P.O. Box 40957
Suite, Apt. #, etc. 22 Suite 975	Suite, Apt. #, etc. 27
City & State 23 Sarasota FL	City & State 28 Sarasota FL
Zip / Country 24 34236 / 25 U.S.	Zip / Country 29 34230-5957 / 30 U.S.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
MAIDA, THOMAS J 101 N. MONROE STREET SUITE 900 TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	BAX, JAMES A	12 NAME	Hunt, Fred	
STREET ADDRESS	1680 FRUITVILLE ROAD, SUITE 300	13 STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	SARASOTA FL 34236	14 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	GRIFFIN, WILLIAM D	22 NAME	Thomas, Earl	
STREET ADDRESS	1390 MAIN STREET	23 STREET ADDRESS	9485 Regency Square Blvd., #415	
CITY-ST-ZIP	SARASOTA FL 34237	24 CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HILL, EUGENE	32 NAME		
STREET ADDRESS	260 WEKIVA SPRINGS ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE	42 NAME		
STREET ADDRESS	7000 S.W. 97TH AVE., #200	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WHITE, FRANK T	52 NAME		
STREET ADDRESS	600 CORPORATE DRIVE, #600	53 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	EMERSON, JAMES	62 NAME		
STREET ADDRESS	302 S. MASSACHUSETTS AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33802	64 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas J. Maida 5/1/95 813-917-3925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018536