

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90013 024 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT #**

1. Corporation Name

FLORIDA WORKERS' COMPENSATION INSURANCE  
 GUARANTY ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

Suite 201 B  
 1425 East Piedmont Dr.  
 Tallahassee, FL 32312

P.O. Box 15159  
 Tallahassee, FL 32317

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

9/15/1997

22 City & State

27 City & State

4. FEI Number

59-3469214

Applied For

Not Applicable

23 Zip

28 Zip

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Country

29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

Sandra J. Robinson  
 1425 East Piedmont Dr., Suite 201 B  
 Tallahassee, FL 32312

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sandra J. Robinson, Sec/Treas 4/26/99 DATE

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	D	<input checked="" type="checkbox"/> DELETE
NAME	BULL, WILLIAM	
STREET ADDRESS	2310 A-Z PARK RD.	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Stahl, Tom P,C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	116 South Monroe St.	
1.3 STREET ADDRESS	Tallahassee, FL 32302	
1.4 CITY-ST-ZIP		
2.1 TITLE	Jacobs, G.W. D,V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2601 Cattlemen Rd.	
2.3 STREET ADDRESS	Sarasota, FL 34232-6249	
2.4 CITY-ST-ZIP		
3.1 TITLE	White, Frank D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	901 NW 51st St.	
3.3 STREET ADDRESS	Boca Raton, FL 33431-4425	
3.4 CITY-ST-ZIP		
4.1 TITLE	Brautigam, Robert J. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3350 Buschwood Park Dr.	
4.3 STREET ADDRESS	Suite 245	
4.4 CITY-ST-ZIP	Tampa, FL 33618	
5.1 TITLE	Grippa, Anthony M. M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1425 East Piedmont Dr.	
5.3 STREET ADDRESS	Suite 201 B	
5.4 CITY-ST-ZIP	Tallahassee, FL 32312	
6.1 TITLE	Robinson, Sandra J. S,T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1425 East Piedmont Dr.	
6.3 STREET ADDRESS	Suite 201 B	
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 617.0503, 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, with all other like empowered.

SIGNATURE:

Tom Stahl

(850) 681-6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)