

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUN 23 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05062008 Chg-P CR2E034 (12/06)

4. FEI Number 02-0733996 Applied For Not Applicable

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

DOCUMENT # P04000161062  
1. Entity Name  
SOUTHERN OAK INSURANCE COMPANY



Principal Place of Business 76 S. LAURA ST., STE 1702 JACKSONVILLE, FL 32202  
Mailing Address 76 S. LAURA ST., STE 1702 JACKSONVILLE, FL 32202

2. Principal Place of Business - No P.O. Box # 200 West Forsyth St.  
3. Mailing Address 200 West Forsyth St.

Suite, Apt. #, etc. 1200 Suite, Apt. #, etc. 1200

City & State Jacksonville, FL City & State Jacksonville, FL

Zip 32202 Country USA Zip 32202 Country USA

6. Name and Address of Current Registered Agent  
CHIEF FINANCIAL OFFICER  
200 EAST GAINES ST.  
TALLAHASSEE, FL 32314

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tony Loughman DATE: 5-14-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR Is \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUGHMAN, TONY A 189 OCEANS EDGE DR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700132206147 07/03/08--01007--011 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NATHERSON, RONALD E JR. 13113 QUINCY BAY DR. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD PAJCIC, STEPHEN J III 1917 MONTGOMERY PLACE JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAJCIC, ANNE K 1917 MONTGOMERY PLACE JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Loughman DATE: 5-14-2008 DAYTIME PHONE #: 904-353-4000, 2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

708A00037921