

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90301 001 *4,500.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P08397			
1. Corporation Name FIRST COMMUNITY INSURANCE COMPANY			
Principal Place of Business HUNTING RIDGE MALL STE 207 BEDFORD NY 10506 US		Mailing Address 360 CENTRAL AVENUE ST. PETERSBURG FL 33701 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22 205		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301			
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 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			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano, Secretary

Date

(727) 823-4000 Ext.4416

Daytime Phone #

CR2E034 (11/98)

P08397

512311-90301-27

FIRST COMMUNITY INSURANCE COMPANY

D	MIXSON, J. WAYNE	360 Central Avenue	St. Petersburg, FL
D	NYE, DAVID J.	360 Central Avenue	St. Petersburg, FL
D	GUNTER, BILL	360 Central Avenue	St. Petersburg, FL
D	PACHNER, ROBERT E.	Hunting Ridge Mall, #205	Bedford, NY
D	DEROCHE, J. MICHAEL	Hunting Ridge Mall, #205	Bedford, NY
DP	MENKE, ROBERT G.	360 Central Avenue	St. Petersburg, FL
SVP	HOWARD, DAVID M.	360 Central Avenue	St. Petersburg, FL
SVP	WORTHINGTON, ANN R.	360 Central Avenue	St. Petersburg, FL
V	PEAT, BARBARA A.	360 Central Avenue	St. Petersburg, FL
V	SWENSON, ANDREW J.	360 Central Avenue	St. Petersburg, FL
V	SOUTHEY, ROBERT G.	360 Central Avenue	St. Petersburg, FL
V	WILLIAMS, CHARLES C.	360 Central Avenue	St. Petersburg, FL
V	DIFRANCESCO, PAUL F.	360 Central Avenue	St. Petersburg, FL
V	BRANDT, STEPHEN W.	360 Central Avenue	St. Petersburg, FL
V	MURRAY, STEPHEN A.	360 Central Avenue	St. Petersburg, FL