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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000010703 (5)

RETAIL REINSURANCE CO., INC.

Principal Place of Business

Mailing Address

2310 A-Z PARK ROAD LAKELAND FL 33801 2310 A-Z PARK ROAD LAKELAND FL 33801-6880

## FILED Mar 12 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

05/01/1996

2. Principal P	lace of Business	2a. Mailing Address			1	4. FEI Number	Ar	oplied For
21		26				59-3168845		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			:	5. Certificate of Status Desired		Additional equired
Çity & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
<b>Z</b> ip <b>24</b>	Country	Zip Cou			B. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes Yes No			. 199.032,
9. Name and Address of Current Registered Agent					······································	10. Name and Address of New Registered A	gent	
JACOBS, DALE G				81	Name			
A STORE OF THE AND MEIGHTS BLVD				82 Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33803				olicot Addice (1.0. Box Halmost to Net Acceptable)				
				83				
				84	City		<b>85</b> Zip	Code
					City	· FL	<b>         </b>	0000
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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE			1	1.1 TITLE			Change	Addition
NAME	TALLALIADOPE EL COCCA				}			l
STREET ADDRESS					ADDRESS			,
CITY-ST-ZIP	TALLAHASSEE FL 32301				- ZIP		D Observe	Addition
TITLE	SÄNDEFER, GEORGE	☐ Derest	21 1111		{	1	Change	Addition
NAME	DALEEC & DOV 4400		1	2.2 NAME				İ
STREET ADDRESS	NALATIVA EL 00427			2.3 STREET ADDRESS   2.4 City-St-Zip				l
CITY-ST-ZIP TITLE	D	DELETE 3.1 T			1 - ZIP	<del></del>	Change	Addition
NAME	NISSEN, NIS		1	3.2 NAME			La Critingo	
STREET ADDRESS			1	3.3 STREET ADDRESS				j
CITY-ST-ZIP	LAKELAND FL 33801		3.4. CIT		1			Ì
TITLE	D DELETE 4				1-211		Change	Addition
NAME	PETCOFF, THOMAS S			4. 2 NAME				
STREET ADDRESS			1	4.3 STREET ADDRESS				
CITY-ST-ZIP	ALCON AND PL DOGGO			Y-ST	ì			Ì
TITLE	D	DELETE 5.1		5.1 TITLE			Change	Addition
NAME	WINTZ, CHARLES R			5.2 NAME				
STREET ADDRESS	4551 SHIRLEY AVENUE 5.33		5.3 STR	3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CII			1			}
TITLE		☐ DELETE	6.1 THL				Change	Addition
NAME			6.2 NAM	ıε	}			ł
STREET ADDRESS			63 STR	EET A	ADDRESS			
CITY-ST-ZIP	<u></u>		6.4 CITY	Y - \$T -	- ZIP	;		
14. I do heret	by certify that the information supplied v	with this liling does not qualify	y for the e	xen	nption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that	the
l am an ol	flicer or director of the ourporation or suc	e receiver or trustee empowe	ered to ex	(ecu	ate and that r ite this report	in Section 119.07(3)(i), Florida Statutes. I further ny signature shall have the same legal effect as as required by Chapter 607, Florida Statutes; an	if made phi id that my r	name