SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000013588 (7)

GUARANTY REASSURANCE CORPORATION

FILED Aug 12 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address									
7800 BELFORT PARKWAY			7800 BELFORT PARKWAY									
JACKSONVILLE FL 32256			JACKSONVILLE FL 32256					DO NOT WRITE IN THIS SPACE				
							5 54 1-1-1					
							3. Date Incorpor			of Last R	epon	
- 5 1 1 7 5							02/24/199	3	<u>V1/6</u>	<u>6/1996</u>		
2. Principal Place of Business			28, Mailing Address				4, FEI Number	000			plied For	
21			26				59-3152	990			t Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of t	Status Desired		\$8.75 / Fee Re		
22 City & Croto			City & State								····	
City & State							6. Election Camp	•		\$5.00 Added 1		
23	p Country		Zip Country				Trust Fund Co	·				
Zip	n	├ ──	├ `					on owes or has pal				
24	25 9. Name and Address of Current		I I				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
<u></u>						Name	10. 110 0	201000 01 11011 1102	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,		
FROST, TOMMYE M					81							
	O BELFORT PARKWAY		82			Street	Address (P.O. Box Numb	er is Not Acceptabl	θ)			
JAU	CKSONVILLE FL 32256											
				-	B3							
				İ	84	City				85 Zip (Code	
	:								<u>FL</u>			
11. Pursuant 1	to the provisions of Section egistered agent, or both, in	ns 607.0502 and 607	.1508, Florida Statut	es, the ab	ove	-named	corporation submits this	statement for the pr	urpose of c	hanging it	s registered	
agent. I a	m familiar with, and accep	t the obligations of, \$	Section 607.0505, Flo	orida Stati	utes	ine con	Solution o Board of Girock	sis. Thereby doodp	t ino appoi		Togrotorou	
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R						nt signatute	required when reinstating)		DATE			
12.	OFF	ICERS AND DIRECT	DRS DELETE	13.		_	ADDITIONS/CF	IANGES TO OFFIC		Change	Addition	
TITLE	EDICON JOUNTALI	n	☐ OFFER	1.1 TIT					L	Change	Addition	
NAME ERISON, JOHN M JR STREET ADDRESS 7800 BELPORT PARKWAY SUI			TE 000								İ	
INCUCONMILE EL						ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		1150,000	1.4 CIT		T-ZIP		<u></u>	٠	10	1 4 4 4 1 4 1	
TITLE	M DEDDA		☐ DELETE	2.1 FIT	LE				L	Change	☐ Addition	
NAME	JSCKSON, DERRYL			2.2 NA	ME						,	
STREET ADDRESS	7800 BELPORT PAR	RWAY, SUHE 200	HE 200			ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CI	TY-S	T-ZIP						
TITLE	V		☐ DELETE	3.1 TIT	ŁΕ				L	Change	Addition	
NAME	BERNREUTER, CHA			3.2 NA	ΜE							
STREET ADDRESS	7800 BELFORT PAR	ikway suite 200		3.3 ST	REET	ADDRESS						
CITY-\$T-2IP	JACKSONVILLE FL			3.4. CI	TY-S	iT-ZIP						
TITLE	VS		☐ DELETE	4.1 TIT	LE					Change	Addition	
NAME	FORTET TOMMYE			4. 2 N/	AME		PROST					
STREET ADDRESS	7800 BELFORT PAR	KWAY SUITE 200		4.3 ST	REET	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CI]	<u>[Y</u> -\$	T- ZIP						
TITLE	-		DELETE	5.1 ไป	LE					Change	☐ Addition	
NAME	PERRY; DANIEL S		, ,	5.2 NA	ME							
STREET ADDRESS	7800 BELFORT PAR	KWAY SUITE 200	•	5.3 ST	REET	ADDRESS						
CITY-ST-ZIP	J acksonville- fl			5.4 CI1	TY-S	1-2(P						
TITLE	.0		☐ DELETE	6.1 T/T						Change	Addition	
NAME :	S ITTIG, JOHN J			6.2 NA	ME							
STREET ADDRESS	3129 W. SECRET W	OODS TR		1		ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			6.4 CIT								
911 VI 21												

14. I do 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.

1120107

296-2900

12. OFFICERS AND DIRECTORS (Cont'd)

D BLAINE, JACK H 6604 BAYMEADOW CT. MCLEAN VA

D ELTRICH, MARTIN C. JR 8144 WOODPECKER TR. JACKSONVILLE, FL

D FARHA, JAMES T 3360 ROCK HOLLOW RD. OKLAHOMA CITY OK

D MILLER JOHN A 1946 MONTGOMERY AVENUE VILLANOVA PA

D PORTER, ERNEST R 3746 113TH AVENUE NE BELLEVUE WA

D GARTLAND, FRANK A 1840 MACKENZIE DRIVE COLUMBUS OH

D LARSON, ROBERT E 1600 MARKET STREET PHILADELPHIA PA

ACTUARY HOWARD, WILLIS B. JR 13873 PARK CENTER ROAD, SUITE 329 HERNDON VA 22071