

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90055 030 ***150.00

DOCUMENT # P93000013588

1. Corporation Name

GUARANTY REASSURANCE CORPORATION

Principal Place of Business

7800 BELFORT PARKWAY
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PARKWAY
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

4. FEI Number

59-3152896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4190 BELFORT ROAD

Suite, Apt. #, etc.

22 200

City & State

23 JACKSONVILLE FL

Zip

24 32216

Country

2a. Mailing Address

26 P.O. Box 550640

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

Zip

29 32255

Country

30

9. Name and Address of Current Registered Agent

FROST, TOMMYE M
7800 BELFORT PARKWAY
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4190 BELFORT ROAD SUITE 200

83

84 City

JACKSONVILLE

FL

85 Zip Code

32216

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

TITLE P ☒ DELETE

NAME ERISON, JOHN M JR
STREET ADDRESS 7800 BELFORT PARKWAY SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE VT ☒ DELETE

NAME JSCKSON, DERRYL R
STREET ADDRESS 7800 BELFORT PARKWAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME BERNREUTER, CHAROTTE H
STREET ADDRESS 7800 BELFORT PARKWAY SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE VS ☐ DELETE

NAME FROST, TOMMYE M
STREET ADDRESS 7800 BELFORT PARKWAY SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME SITTIG, JOHN J
STREET ADDRESS 3129 W. SECRET WOODS TR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME MARTIN C. ELTRICH, JR
1.3 STREET ADDRESS 4190 BELFORT ROAD SUITE 200
1.4 CITY-ST-ZIP JACKSONVILLE FL 32216

2.1 TITLE VICE PRESIDENT & TREASURER ☒ Change ☐ Addition

2.2 NAME DAVID L. WENZEL
2.3 STREET ADDRESS 4190 BELFORT ROAD SUITE 200
2.4 CITY-ST-ZIP JACKSONVILLE FL 32216

3.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

3.2 NAME CHARLOTTE H. BERNREUTER
3.3 STREET ADDRESS 7800 BELFORT PARKWAY SUITE 200
3.4 CITY-ST-ZIP JACKSONVILLE FL 32216

4.1 TITLE VICE PRESIDENT & SECRETARY ☒ Change ☐ Addition

4.2 NAME TOMMYE M. FROST
4.3 STREET ADDRESS 4190 BELFORT ROAD SUITE 200
4.4 CITY-ST-ZIP JACKSONVILLE FL 32216

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

David L. Wenzel DAVID L. WENZEL

Date

3/12/99 (604) 279-9310

Daytime Phone #

CR2E034 (11/98)

0043542