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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079821 (3)

BANKE	RS SECU	JRITY IN	ISURANCE	COMPA	NY								
Principal Plac	e of Busines	·s		Mailin	ng Address					I HODINOU HO TOLOU MARA BOXIT ODRAK O	OMI BEAU N	010 10101 10110 I	1000 1101 1001
360 CENTRAL AVE 360 CENTRAL AVE 17TH FLOOR 17TH FLOOR ST PETERSBURG FL 33701 ST PETERSBURG FL 33701					701				DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified			
5 0000000000000000000000000000000000000	N			1 - 44	allia a Batalana					11/18/1993			
2. Principal P	lace of Busin	ness		-	ailing Address					4, FEI Number			Applied For
Suite, Apt.	# etc			Suite, Apt. #, etc.						59-3210808			Not Applicable Additional
22	π, οιο.			27	h				5. Certificate of Status Desired			Required	
City & State	e				City & State					6. Election Campaign Financing			
23				28	⊢ '				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Coun	try	Zij	p	Co	untry	,		8. This corporation owes or has p			
24		25	•	29		30	•			Personal Property Tax due Jun			□ No
=-1	9, Name		ess of Current		ed Agent	11				10. Name and Address of New R		Agent	
ST	ATE INSUR	ANCE C	OMMISSIONER	1			81	Name					
	PITOL BUIL		J#####################################	•			82	Stroot	Addres	ss (P.O. Box Number is Not Accepta	hlo)		
	LLAHASSE		01				02	Street	Addies	ss (F.O. Box Number is Not Accepte	.Uie)		
		- 1 - 000	•				83		•				
							84	City				lac Zir) Co d e
							64	City			FI	L 85 Zip) C000
11. Pursuant	to the provis	ions of Se	ctions 607.0502	and 607.	1508, Florida Stat u	tes, the a	bove	e-namec	corpor	ration submits this statement for the	purpose	of changing	its registered
office or r	registered ag ım f am iliar wi	pent, or bo ith, and ac	th, in the State c cent the obligat	of Florida. ions of, Se	Such change was ection 607.0505, F	authorize Iorida Sta	id by lutes	/ the cor s.	poratio	n's board of directors. I hereby acce	pt the ap	pointment a	s registered
SIGNATURE		. ,		,	,								
SIGNATORE	Signature, typed	or printed nar	ne of registered agent	and title if ap	plicable (NO	L: Registere	d Age	ent signatur	e required	when reinstating)	DATE		
12.		(OFFICERS AND	DIRECTO		13.				ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE	-90				☐ DELETE	1.1 T	ITLE		DCP			Change Change	Addition
NAME		, robert				1.2 N	IAME						
STREET ADDRESS		ntral a				1.3 S	TREET	ADDRESS	•				
CITY-ST-ZIP		<u>ERSBUR(</u>	3 FL 33702			1.4 0	ITY-S	T-ZIP	<u> </u>				
TITLE	-86-				☐ DELETÉ	2.1 T	ITLE		D			Change	Addition
NAME	_	n, david				2.2 N	IAME						
STREET ADDRESS		ntral a				2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP		<u>ERSBUR(</u>	FL 33702					ST - ZIP	ļ				
TITLE	DT				☐ DELETE	3.1 T	ITLE					☐ Change	☐ Addition
NAME		MANN, EI				3.2 h	AME						ļ
STREET ADDRESS		ntral a				3.3 S	TREET	ADDRESS					ļ
CITY-ST-ZIP	ST PETI	ERSBURG	3 FL 33702					ST-ZIP	ļ				
TITLE	D				☐ DELETE	4.1 T	ITLE					Change	Addition
NAME		.y, andr				4.21	NAME						
STREET ADDRESS		ntral a'				4.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	ST PETI	<u>ER\$BURG</u>	FL 33702			4.4 0	ŧTY-S	T-ZIP	ļ	-			
TITLÉ	S				☐ DELET E	5.1 T	ITLE					Change	☐ Addition
NAME), kristi				5.2 N	AME		1				
STREET ADDRESS		ntral a				5.3 \$	TREET	ADDRESS	-				
CITY-ST-ZIP	ST PETI	ERSBURG	3 FL 33702	. , 		5.4 0	ITY-S	T-ZIP					
TITLE					☐ DELĒT Ē	6.1 T	TLE					Change	Addition
NAME						6.2 N	AME						
*****	l						*****		1				ļ

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 supplied enter 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 conforation or the receiver or mistee 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.

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FILED

Mar 04 1998 8:00am

Secretary of State

BANKERS SECURITY INSURANCE COMPANY

SVP	BATSON, KATHLEEN M.	360 Central Avenue	ST PETERSBURG, FL
٧	HAIGLEY, CHERYL K.	360 Central Avenue	ST PETERSBURG, FL
٧	KING, KELLY K.	360 Central Avenue	ST PETERSBURG, FL
EVP	MENKE, ROBERT G.	360 Central Avenue	ST PETERSBURG, FL
D	GUNTER, BILL	360 Central Avenue	ST PETERSBURG, FL
D	MIXSON, J. WAYNE	360 Central Avenue	ST PETERSBURG, FL
D	NYE, DAVID J.	360 Central Avenue	ST PETERSBURG, FL
٧	PEAT , BARBARA A.	360 Central Avenue	ST PETERSBURG, FL
٧	GANTLEY, ROBERT G.	360 Central Avenue	ST. PETERSBURG, FL
٧	SWENSON, ANDREW J.	360 Central Avenue	ST. PETERSBURG, FL
٧	SOUTHEY, ROBERT G.	360 Central Avenue	ST. PETERSBURG, FL