05-06-1999 90301 001 *4,500.00

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Mailing Address

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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000079821

1. Corporation Name

Drivers of Business

BANKERS SECURITY INSURANCE COMPANY

Fillicipal Flace	e or business	(Malling) tablests							
360 CENTRAL A	AVE	360 CENTRAL AVE			ŀ				
17TH FLOOR		17TH FLOOR				DO NOT WOITE IN THIS SPACE			
ST PETERSBUR	IG FL 33701	ST PETERSBURG FL 33701	ST PETERSBURG FL 33701			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	י		
						11/18/1993			
Principal Place of Business 2a. Mailing Address				4. FEI Number		···		<u> </u>	pplied For
21						59-3210808			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired		 		Additional		
22		27				5. Continuity of Charles Booker		Fee R	Required
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	У		8. This corporation owes the current year Intangible			
24	25	29 3	30			Personal Property Tax.		Yes Ye	□No
'	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
			8	1 N	lame				
STAT	TE INSURANCE COMMISSIONER		<u>-</u>	1	A date	on (D.O. Boy Number in Not Access	table)		
CAPI	ITOL BUILDING		82 Street Add			ss (P.O. Box Number is Not Accep	ianie)		
TALL	AHASSEE FL 32301		8:	3					
								,	
			84	4 C	City		FL	85 Zip	Code
44 5	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	VA-na	med corpo	ration submits this statement for th	e nurnose o	f changing it	s registered
l office or o	edistered agent, or both, in the State o	of Florida. Such change was auti	norizea d'	y ine	corporation	n's board of directors. I hereby acce	ept the appo	intment as r	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statute	S.					
SIGNATURE					t in a		DATE		
				istered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		DELETE	1.1 TITLE		T DO		T TOLLING 7	Change	
TITLE	196P-	- DELETE			1	•		 v-	_
NAME	MENKE, ROBERT M		1.2 NAME						
STREET ADDRESS	360 CENTRAL AVE.		1.3 STREET						
CITY-ST-ZIP	ST PETERSBURG FL 33702		1.4 CITY-					☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE					□ ¢nange	Addition
NAME	MEEHAN, DAVID K		2.2 NAME						
STREET ADDRESS	360 CENTRAL AE		2.3 STREET		DRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33702		2. 4 CiTY-S1		P				
TITLE	DT	☐ DELETE	3.1 TITLE					Change	Addition
NAME	HUSSEMANN, EDWIN C		3.2 NAME						
STREET ADDRESS	360 CENTRAL AVE.		3.3 STREE		DRESS				Ì
CITY-ST-ZIP	ST PETERSBURG FL 33702	. 1	3.4. CITY-S		P				
TITLE	D	DELETE						☐ Change	Addition
NAME	BEVERLY, ANDREW M	/ `	4. 2 NAME						
STREET ADDRESS			4.3 STRE		nress				
	ST PETERSBURG FL 33702		4.3 STREET		ĺ				
CITY-ST-ZIP			5.1 TITLE		DS			Change	Addition
	DELANO EDICTIN		5.1 TITLE 5.2 NAME		נע ן	•		71.	_
NAME	DEDANO, KAISTIN		5.3 STRE		npess				ļ
STREET ADDRESS	360 CENTRAL AVE								ļ
CITY-ST-ZIP	ST PETERSBURG FL 33702		5.4 CITY-					☐ Change	Addition
TITLE	SVP	DELETE	6.1 TITLE					∟] Change	
NAME	DATOON, INTITICETY III		6.2 NAME						İ
CTREET ADDRESS	360 CENTRAL AVE		6.3 STRE	ETAD	DRESS]				}

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 supplier ental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

360 CENTRAL AVE

ST PETERSBURG FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727)823-4000 Ext. 4416

P93000079821 512311-90301-18

BANKERS SECURITY INSURANCE COMPANY

DP	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
SVP	HOWARD, DAVID M.	360 Central Avenue	ST. PETERSBURG, FL
SVP	WORTHINGTON, ANN R.	360 Central Avenue	ST. PETERSBURG, FL
٧	PEAT , BARBARA A.	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
٧	DIFRANCESCO, PAUL F.	360 Central Avenue	ST. PETERSBURG, FL
٧	BRANDT, STEPHEN W.	360 Central Avenue	ST. PETERSBURG, FL
V	MURRAY, STEPHEN A.	360 Central Avenue	ST. PETERSBURG, FL