

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 90016 027 ***150.00

DOCUMENT # P94000023981

1. Corporation Name

FLORIDA INSURANCE MANAGEMENT GROUP, INC.

Principal Place of Business
3208-C EAST COLONIAL DRIVE
SUITE 288
ORLANDO FL 32803
US

Mailing Address
P.O. BOX 1319
LAKE WALES FL 33859-1319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

2. Principal Place of Business

21 250 E. Park Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAKE WALES, FL

28 City & State

28 City & State

24 Zip Country

33853

25 POLK

29 Zip Country

29

30 Country

30

4. FEI Number

59-3235161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CORP AMERICA INC
1525 S ANDREWS AVE
STE 216
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PD ☐ DELETE

NAME MATHEWSON, ANTHONY K

STREET ADDRESS 250 EAST PARK AVE

CITY-ST-ZIP LAKE WALES FL 33853

TITLE VP ☐ DELETE

NAME BRADLEY, HELENE M

STREET ADDRESS 250 EAST PARK AVENUE

CITY-ST-ZIP LAKE WALES FL 33853

TITLE TD ☒ DELETE

NAME BORGLUND, TERRY R

STREET ADDRESS 250 EAST PARK AVENUE

CITY-ST-ZIP LAKE WALES FL

TITLE S ☒ DELETE

NAME BROWNING, KIMBERLY A

STREET ADDRESS 250 EAST PARK AVENUE

CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

(441) 676-1681

Daytime Phone #

CR2E034 (11/98)