

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 4/3/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033395 (2)

1. Corporation Name

FLORIDA BUILDERS & EMPLOYERS MUTUAL INSURANCE CO
MPANY, AN ASSESSABLE MUTUAL

Principal Place of Business

280 WEKIVA SPRINGS RD
LONGWOOD FL 32779

Mailing Address

280 WEKIVA SPRINGS RD
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

4. FEI Number

59-1775670

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG
TALLAHASSEE FL 32301

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HILL, EUGENE G

STREET ADDRESS

280 WEKIVA SPRINGS RD

CITY- ST- ZIP

LONGWOOD FL 32779

TITLE

D

NAME

SMITH, BOBBY R

STREET ADDRESS

1306 RICHMOND RD

CITY- ST- ZIP

WINTER PARK FL 32789

TITLE

D

NAME

KOELEMI, JOHANNES J

STREET ADDRESS

641 McDONNELL DR

CITY- ST- ZIP

TALLAHASSEE FL 32310

TITLE

D

NAME

THOMAS, ROGER G

STREET ADDRESS

1340 US HWY 1 SUITE 102

CITY- ST- ZIP

JUPITER FL 33469

TITLE

D

NAME

NASRALLAH, RAYMOND A

STREET ADDRESS

3484 BEACH BLVD

CITY- ST- ZIP

JACKSONVILLE FL 32207

TITLE

D

NAME

ROSS, DAVID L

STREET ADDRESS

330 W BAY DR

CITY- ST- ZIP

VENICE FL 34285

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

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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, as changed, or on an attachment with an address.

SIGNATURE:

SECRETARY/DIRECTOR

6/14/95

407/788-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #