

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # P94000033395 (2)  
1. Corporation Name

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



Principal Place of Business Mailing Address  
260 WEKIVA SPRINGS RD 260 WEKIVA SPRINGS RD  
LONGWOOD FL 32779 LONGWOOD FL 32779

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 05/03/1994 3a. Date of Last Report 07/11/1995

4. FEI Number 59-1175670 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. 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 *Eugene H. Hill*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HILL, EUGENE G  
STREET ADDRESS 260 WEKIVA SPRINGS RD  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE  
NAME SMITH, BOBBY R  
STREET ADDRESS 1308 RICHMOND RD  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE  
NAME KOELEMIJ, JOHANNES J  
STREET ADDRESS 641 MCDONNELL DR  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ DELETE  
NAME THOMAS, ROGER G  
STREET ADDRESS 1340 US HWY 1 SUITE 102  
CITY-ST-ZIP JUPITER FL 33469

TITLE D ☐ DELETE  
NAME NASRALLAH, RAYMOND A  
STREET ADDRESS 3484 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE  
NAME ROSS, DAVID L  
STREET ADDRESS 330 W BAY DR  
CITY-ST-ZIP VENICE FL 34285

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition  
1.2 NAME ROSS, HERB A.  
1.3 STREET ADDRESS 1720 S. Orange Ave., Suite 501  
1.4 CITY-ST-ZIP Orlando, FL 32806

2.1 TITLE D ☐ Change ☐ Addition  
2.2 NAME HASNER, JAY  
2.3 STREET ADDRESS 1 SE 4th Ave, Suite 212  
2.4 CITY-ST-ZIP Delray Bch, FL 33483

3.1 TITLE D ☐ Change ☐ Addition  
3.2 NAME SINGLETARY, D. MICHAEL  
3.3 STREET ADDRESS 3466 DePeur Circle  
3.4 CITY-ST-ZIP Port Charlotte, FL 33952

4.1 TITLE D ☐ Change ☐ Addition  
4.2 NAME JASMUND, DAVID  
4.3 STREET ADDRESS 260 Wekiva Springs Rd.  
4.4 CITY-ST-ZIP Longwood, FL 32779

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Eugene H. Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)