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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 04 1997 8:00am  
Secretary of State

DOCUMENT # P94000033395 (2)

1. Corporation Name

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

Principal Place of Business

260 WEKIVA SPRINGS RD  
LONGWOOD FL 32778

Mailing Address

260 WEKIVA SPRINGS RD  
LONGWOOD FL 32778-3606

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

04/23/1996

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

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITOL BLDG  
TALLAHASSEE FL 32301

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 fee if applicable

(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 1306 RICHMOND RD  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME KOELEMJ, 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Raymond A. Nasrallah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)