

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060962 (5)**

1. Corporation Name

**CITRUS EMPLOYERS MUTUAL INSURANCE COMPANY, AN AS
SESSABLE MUTUAL**

Principal Place of Business

Mailing Address

302 S. MASSACHUSETTS AVENUE
LAKELAND FL 33802

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LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/18/1994

4. FEI Number

Applied For

59-3242013

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

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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 mandating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HILL, EUGENE G
STREET ADDRESS	260 WEKIVA SPRINGS ROAD
CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	D
NAME	SMITH, BOBBY R
STREET ADDRESS	1306 RICHMOND ROAD
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	D
NAME	KRAUSER, DAVID K
STREET ADDRESS	2164 TURKEY RUN
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	D
NAME	ALBRITTON, GEORGE E
STREET ADDRESS	623 NORTH WALKER
CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	D
NAME	BEELAND, EDGAR S
STREET ADDRESS	302 S. MASSACHUSETTS AVENUE
CITY - ST - ZIP	LAKELAND FL 33801
TITLE	D
NAME	EMERSON, JAMES E
STREET ADDRESS	302 S. MASSACHUSETTS AVENUE
CITY - ST - ZIP	LAKELAND FL 33801

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 if changed, or on an attachment with an address.

SIGNATURE:

James E. Emerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James E. Emerson, Administrator

Feb. 24, 1995

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