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PROFIT · CORPORATION ANNUAL REPORT



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

1996

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SIGNATURE:

P94000064930

CUMBERLAND CASUALTY & SURETY COMPANY

Principal Place of Business Mailing Address 4311 WEST WATERS. SUITE 501 4311 WEST WATERS. SUITE 501 TAMPA FL 33614 TAMPA FL 33614 3. Date Incorporated or Qualified 3a. Date of Last Report 09/02/1994 04/19/1995 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 59-2859008 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ζip 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 Florida Statutes Yes No 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **INSURANCE COMMISSIONER** 82 Street Address (P.O. Box Number is Not Acceptable) .. THE CAPITOL BUILDING 83 TALLAHASSEE FL 32399-0300 84 City 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 (IKO°E Rog stered Agent signature requires ration relicitating) DATE Signature, typed or printed many of requirered agont and the drappin at to 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12/2 DELETE TITLE 1 1 THLE ■ Addition NAME WILLIAMS, FRANCIS M. 1.2 NAME CR2E034 ISLAND WALK 858 NORMANDY TRACE, #11-858 STREET ADDRESS. 1.3 STREET ADDRESS **TAMPA FL 33602** CITY - ST- ZIP 14 CITY - ST-ZIP THILE DELETE 2 1 TITLE D/P/T X Change Addition WILLIAMS, JOSEPH MICHAEL WILLIAMS, JOSEPH MICHAEL 4311 WEST WATERS AVE, SUITE #501 TAMPA, FLORIDA 33614 NAME 2.2 NAME 4311 W. WATERS AVE, SUITE #501 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33614 CITY-ST-ZIP 24 CITY-ST ZiP TITLE DELETE 3 1 TITLE ☐ Change ☐ Addition NAME BAKER, CHARLES A JR 3.2 NAME **4202 DEEPWATER LANE** STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33617** CITY-ST-ZIP 3 4 C+TY - ST - ZIP DELETE TITLE <mark>ፖርርርርር 1 73:03:5</mark>ቀው። -04/15/96--01064--005 4 1 TiTLE Addition SCHUMACHER, STEVEN EUGENE NAME 4.2 NAME 4311 W. WATERS AVE SUITE #501 ***200.00 STREET ADDRESS 4.3 STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP 4 4 C1 FY - ST - Z1P TITLE DELETE 5 1 TITLE Change ■ Addition SIMON, JOHN VICTOR NAME 5.2 NAME 2614 PARKLAND BLVD. STREET ADDRESS 5.3 STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 5.4 CITY ST-ZIP Addition TITLE DELETE 6 1 HTLE Change NAME 6.2 NAME BLACK, CAROL S. 4311 WEST WATERS AVE, SUITE 501 STREET ADDRESS 6.3 STREET ADDRESS TAMPA, FL 33614 CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplieniental 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 feeder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

NG OFFICER OH DIRECTOR

4/11/96 Date

(813) 889-4019