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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064930 (8)

1. Corporation Name

CUMBERLAND CASUALTY & SURETY COMPANY

Principal Place of Business
4311 WEST WATERS, SUITE 501
TAMPA FL 33614

Mailing Address
4311 WEST WATERS, SUITE 501
TAMPA FL 33614-1979

3. Date Incorporated or Qualified
09/02/1994

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2859008

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
THE CAPITOL BUILDING
TALLAHASSEE FL 32399-0300

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMS, FRANCIS M
STREET ADDRESS ISLAND WALK 858 NORMANDY TRACE, #11-858
CITY-ST-ZIP TAMPA FL 33602

TITLE PT
NAME WILLIAMS, JOSEPH MICHAEL
STREET ADDRESS 4311 W. WATERS AVE, SUITE #501
CITY-ST-ZIP TAMPA FL 33614

TITLE D
NAME BAKER, CHARLES A JR
STREET ADDRESS 4202 DEEPWATER LANE
CITY-ST-ZIP TAMPA FL 33617

TITLE D
NAME SCHUMACHER, STEVEN EUGENE
STREET ADDRESS 4311 W. WATERS AVE SUITE #501
CITY-ST-ZIP TAMPA FL 33611

TITLE D
NAME SIMON, JOHN VICTOR
STREET ADDRESS 2814 PARKLAND BLVD.
CITY-ST-ZIP TAMPA FL 33615

TITLE S
NAME BLACK, CAROL S
STREET ADDRESS 4311 WEST WATERS, SUITE 501
CITY-ST-ZIP TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE D
22 NAME WILLIAMS, JOSEPH MICHAEL
23 STREET ADDRESS 4311 W. WATERS AVE, SUITE 501
24 CITY-ST-ZIP TAMPA, FL 33614

31 TITLE PT
32 NAME EDENFIELD, EDWARD J. IV
33 STREET ADDRESS 4311 W. WATERS AVE. SUITE 501
34 CITY-ST-ZIP TAMPA, FL 33614

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ST
62 NAME BLACK, CAROL S.
63 STREET ADDRESS 4311 W. WATERS AVE, SUITE 501
64 CITY-ST-ZIP TAMPA, FL 33614

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: CAROL S. BLACK

CR2E034 (9/96)