

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

59-2859008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

TITLE PT
NAME EDENFIELD, EDWARD J IV
STREET ADDRESS 4311 W WATERS AVE SUITE 501
CITY-ST-ZIP TAMPA FL

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 (10/97)