

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000073794 (7)

1. Corporation Name

BRIDGEFIELD CASUALTY INSURANCE COMPANY



Principal Place of Business

2310 A-Z PARK ROAD  
LAKELAND FL 33801

Mailing Address

2310 A-Z PARK ROAD  
LAKELAND FL 33801

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 59-3269531

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32399-0300

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 filed application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BULL, WILLIAM B  
STREET ADDRESS 3622 GROVE TERRACE  
CITY-ST-ZIP LAKELAND FL 33813

1.1 TITLE P/D ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME COLLIS, GEORGA B  
STREET ADDRESS 3224 STONEMASTER DR.  
CITY-ST-ZIP LAKELAND FL 33803

2.1 TITLE S/D ☒ Change ☐ Addition

TITLE D ☒ DELETE

NAME JACOBS, DALE G  
STREET ADDRESS 6759 TRAIL RIDGE DR.  
CITY-ST-ZIP LAKELAND FL 33813

3.1 TITLE V ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME WALL, RUSSELL L  
STREET ADDRESS 2936 FOREST DR.  
CITY-ST-ZIP LAKELAND FL 33811

4.1 TITLE T/D ☒ Change ☐ Addition

TITLE D ☒ DELETE

NAME WHITLEY, WALLACE P  
STREET ADDRESS 8033 N.W. 47TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME GEORGE, BURL F  
STREET ADDRESS 790 EAST BROWARD, #400  
CITY-ST-ZIP FT. LAUDERDALE FL 33302

6.1 TITLE ☐ Change ☐ Addition

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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Bull

3/1/96

(941) 665-6060

CR2E034 (12/95)