

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

59-3269531

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 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

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BLDG.
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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
BENNETT, ALLEN C.
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME VD
CEDERHOLM, DAVID T.
STREET ADDRESS 4250 CREEKWOOD LANE
CITY-ST-ZIP MULBERRY FL

TITLE ☐ DELETE

NAME TD
WALL, RUSSELL L
STREET ADDRESS 2938 FOREST DR.
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ DELETE

NAME D
HODGES, RICKY T.
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME D
ERMATINGER, TIMOTHY J.
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME S
Clarke, Jr., Thomas L.
1.3 STREET ADDRESS 2310 A-Z Park Road
1.4 CITY-ST-ZIP Lakeland, FL 33801

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 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:

William B. Bull 2-27-98

William B. Bull 2-27-98

941-665-6060

Date

Daytime Phone # 0418457

CR2E034 (10/97)