

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

95 JUN 20 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000081486 (0)

1. Corporation Name

FLORIDA BUSINESS MUTUAL INSURANCE COMPANY, AN ASSESSABLE MUTUAL

Principal Place of Business

Mailing Address

260 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

260 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/07/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6941572

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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 re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HILL, EUGENE G

STREET ADDRESS

260 WEKIVA SPRINGS ROAD

CITY - ST - ZIP

LONGWOOD FL 32779

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

TITLE

D

NAME

JASMUND, DAVID J

STREET ADDRESS

916 SEVILLE PLACE

CITY - ST - ZIP

ORLANDO FL 32804

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

TITLE

D

NAME

STAHL, THOMAS W

STREET ADDRESS

2033 E. FORREST DRIVE

CITY - ST - ZIP

TALLAHASSEE FL 32303

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

TITLE

D

NAME

JENNINGS, JEFFREY K

STREET ADDRESS

2038 COMPANERO AVENUE

CITY - ST - ZIP

ORLANDO FL 32804

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE

D

NAME

DURRANCE, FRANK M JR

STREET ADDRESS

620 S. LAKE SYBELIA DRIVE

CITY - ST - ZIP

MAITLAND FL 32751

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE

D

NAME

PHILLIPS, KAREN E

STREET ADDRESS

4249 BENCHMARK TERRACE

CITY - ST - ZIP

TALLAHASSEE FL 32303

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 hereof, or on an attachment with an address.

SIGNATURE: *Eugene G Hill*

PRESIDENT

JUNE 14, 1995

407/788-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)