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FILED
Mar 19 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 # P95000001737 (2)

1. Corporation Name

NORRIS INSURANCE GROUP, INC.



Principal Place of Business

9501 ARLINGTON EXPRESSWAY
#106
JACKSONVILLE FL 32225
US

Mailing Address

9501 ARLINGTON EXPRESSWAY
#106
JACKSONVILLE FL 32225
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

59-3281271

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

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 10695 Beach Boulevard

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, Florida

Zip

24 32246

Country

25

2a. Mailing Address

26 10695 Beach Boulevard

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, Florida

Zip

29 32246

Country

30

9. Name and Address of Current Registered Agent

NORRIS, REGINALD A III
9501 ARLINGTON EXPRESSWAY
#106
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10695 Beach Boulevard

83

84 City

Jacksonville

FL

85 Zip Code

32246

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 ☐ DELETE
NAME D NORRIS, REGINALD A III
STREET ADDRESS 9501 ARLINGTON EXPRESSWAY SUITE 106
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME D CROPPER, MARK S
STREET ADDRESS 7976 PINE LAKES ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 505 Brunswick Road
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 199 Governors Road
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

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:

Reginald A. Norris III

CR2E034 (10/97)