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FILED
Apr 03 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 # **P96000024593 (1)**

1. Corporation Name
FLORIDA FAMILY MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
720 GOODLETTE ROAD NORTH NAPLES FL 34102 US	P.O. BOX 11389 NAPLES FL 34101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3371996 ☐ 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

9. Name and Address of Current Registered Agent

TREASURER AND INSURANCE COMMISIONER OF FLA
THE CAPITOL
TALLAHASSEE FL 32399

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	HARDY, LINDSAY A		1.2 NAME	Mercer, Tammy Leilani	
STREET ADDRESS	122 EDGEMORE WAY SOUTH		1.3 STREET ADDRESS	720 Goodlette Road North	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	DP	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	HARDY, WALTER D		2.2 NAME	Hardy, Walter	
STREET ADDRESS	122 EDGEMORE WAY S		2.3 STREET ADDRESS	720 Goodlette Road North	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	COTY, BETH S		3.2 NAME	Jones, Beth	
STREET ADDRESS	7751 TAMARA LEE COURT, #102		3.3 STREET ADDRESS	720 Goodlette Road North	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Naples FL 34102	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	RETTIG JR, RAYMOND R		4.2 NAME	Rettig, Jr., Raymond R.	
STREET ADDRESS	109 TURKEY RUN		4.3 STREET ADDRESS	720 Goodlette Road North	
CITY-ST-ZIP	CARY IL		4.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	DVP	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PORTER, THOMAS J		5.2 NAME	Hardy, David Clinton	
STREET ADDRESS	FOUNTAINVIEW CIRCLE, #102		5.3 STREET ADDRESS	720 Goodlette Road North	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CLINTON, RICHARD K		6.2 NAME	West, Michael Garrett	
STREET ADDRESS	412 OXFORD		6.3 STREET ADDRESS	720 Goodlette Road North	
CITY-ST-ZIP	EAST LANSING MI		6.4 CITY-ST-ZIP	Naples, FL 34102	

CR2E034 (10/97)

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: _____ 3/31/98 _____