PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027616

1. Corporation Name

FILED Jan 28, 1999 8:00am **Secretary of State**

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| SEMPER | INDURANCE, INC. | | | | (| | IN 16816 18868 81681 115 | HE BUT TEN |
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| * . | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | | | | |
| 776 W. LUMSDEN ROAD. SUITE 101 776 W. LUMSDEN ROAD. SUBRANDON FL 33511 BRANDON FL 33511 | | | | | D.C. | NOT WRITE IN TH | IS SPACE | • |
| . 1 | | | | | 3. Date Incorporated | | | |
| | | | | | 03/22/1996 | or Qualified | - 140 - | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | — — ··- | ied For |
| 21 | • | 26 | | | <u>59-3366391</u> | | \$8.75 Ad | Applicable |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status | Desired . | Fee Req | |
| 22 | | 27 | <u> </u> | | 6. Election Campaign | Elegacing | \$5.00 N | |
| City & State | • | City & State | | | 6. Election Campaign Trust Fund Contrib | | Added to | |
| 23 | | 28 | Coun | in/ | 8. This corporation ov | | | |
| Zip | Country | Zip | 30 | | Personal Property | | Yes [| □No |
| 24 | 25 | 29 | [30] | | 10. Name and Addres | | d Agent | |
| | 9. Name and Address of Curren | it Registered Agent | - | 1 Name | | | | |
| CEM | PEK, THOMAS G | the second second | Ł | | | | | |
| 0 776 1 | W. LUMSDEN ROAD, SUITE 101 | · · | | Street | Address (P.O. Box Number is | Not Acceptable) | | |
| | NDON FL 33511 | | - | 33 | 111 111 | 多数形物用 南洋 经 | F4 17 . THE YEAR | \$18 gli 1825 |
| DIT/ | 11DON 1 E 33311 | | 1 | | | · 经证据的 (2) (2) | | 111701166 |
| | . [, | | | B4 City | | F | 85 Zip C | ode |
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| ् सुकुछ का ११५ जला | | the contract of the | | | corporation submits this state | ment for the purpose | of changing its r | egistered { |
| 41. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Stat | utes, the ab authorized | ove-named by the corpo | corporation submits this states oration's board of directors. I h | ment for the purpose ereby accept the ap | of changing its r pointment as reg | egistered istered |
| 11. Pursuant, | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | 2 and 607.1508, Florida Stat of Florida. Such change was tions of, Section 607.0505, F | utes, the ab authorized lorida Statu | ove-named by the corpo es. | corporation submits this states oration's board of directors. I h | ment for the purpose sereby accept the ap | of changing its r pointment as reg | egistered istered |
| agent, I as | m familiar with, and accept the obliga | itions of, Section 607.0505, F | lorida Statu | es. | | | of changing its r pointment as reg | egistered istered |
| agent, I as | egistered agent, or both, in the State m familiar with, and accept the obligation of state of the state of state of the st | nt and title if applicable. (NC | lorida Statu | es. | required when reinstating) | DATE | <u> </u> | `. |
| agent, I a | egistered agent, or both, in the State m familiar with, and accept the obligation of state of the state of state of the st | nt and title if applicable. (NC | TE: Registered | es. gent signature i | required when reinstating) ADDITIONS/CHAN | | AND DIRECTOR | `. |
| agent. I as | egistered agent, or don't in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN | nt and title if applicable. (NC | TE: Registered / 13. | es. gent signature i | required when reinstating) | DATE | <u> </u> | RS IN 12 |
| signature | signature, typed or printed name of registered age OFFICERS AN D SEMPEK, THOMAS G | ntions of, Section 607.0505, F | TE: Registered J 13. 1.1 TIII 1.2 NA | es. gent signature i E //E | required when reinstating) ADDITIONS/CHAN | DATE | AND DIRECTOR | RS IN 12 |
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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 are fequired 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, with all other like empowered.