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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000041305 (9)

1. Corporation Name

SOUTHERN FAMILY INSURANCE MANAGERS, INC.

Principal Place of Business

1801 - 13TH ST.
TAMPA FL 33605

Mailing Address

1801 - 13TH ST.
TAMPA FL 33605-3612



3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 511 BAY STREET

Suite, Apt. #, etc.

22 SUITE #400

City & State

23 TAMPA, FL

Zip

24 33606

Country

25 USA

2a. Mailing Address

26 511 BAY STREET

Suite, Apt. #, etc.

27 SUITE #400

City & State

28 TAMPA, FL

Zip

29 33606

Country

30 USA

4. FEI Number

59-3381280

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WURDEMAN, JAMES
1801 - 13TH ST.
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

JAN J. MEDER

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

511 BAY STREET, SUITE #400

83

84 City

TAMPA, FL

FL

85 Zip Code

33606

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]

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
POE, WILLIAM JR.
STREET ADDRESS
208 LOCUST DR.
CITY-ST-ZIP
BRANDON FL 33511

TITLE ☐ DELETE

NAME
POE, CHARLES E
STREET ADDRESS
70 LADOGA
CITY-ST-ZIP
TAMPA FL 33606

TITLE ☐ DELETE

NAME
FOSTER, KEREN P
STREET ADDRESS
525 SUWANEE CIRCLE
CITY-ST-ZIP
TAMPA FL 33606

TITLE ☐ DELETE

NAME
LUNSKIS, MARILYN C
STREET ADDRESS
74 COLUMBIA DR.
CITY-ST-ZIP
TAMPA FL 33606

TITLE ☐ DELETE

NAME
MITCHELL, JANICE
STREET ADDRESS
744 S. DAVIS BLVD.
CITY-ST-ZIP
TAMPA FL 33606

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

LUNSKIS, MARILYN C.

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

MITCHELL, JANICE
119 HICKORY CREEK BLVD.
BRANDON, FL 33511

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

[Signature]

4-29-97 (812) 269-11013

CR2E034 (9/96)