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Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90148 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000041305

1. Corporation Name  
SOUTHERN FAMILY INSURANCE MANAGERS, INC.

Principal Place of Business: 511 BAY STREET  
#400  
TAMPA FL 33606  
US

Mailing Address: 511 BAY STREET  
#400  
TAMPA FL 33606  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1996

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MEDER, JAN J.  
511 BAY STREET  
STE. #400  
TAMPA FL 33606

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

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 D & PRESIDENT ☐ DELETE  
NAME POE, WILLIAM JR.  
STREET ADDRESS 206 LOCUST DR.  
CITY-ST-ZIP BRANDON FL 33511

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

TITLE D & SECRETARY ☐ DELETE  
NAME FOSTER, KEREN P SMITH  
STREET ADDRESS 525 SUWANEE CIRCLE  
CITY-ST-ZIP TAMPA FL 33606

TITLE D & VP ☐ DELETE  
NAME LUNSKIS, MARILYN C.  
STREET ADDRESS 74 COLUMBIA DR.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME MITCHELL, JANICE  
STREET ADDRESS 119 HICKORY CREEK BLVD.  
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE EXEC. VP ☐ Change ☒ Addition  
1.2 NAME JAMES E. MURDEMAN  
1.3 STREET ADDRESS 511 BAY STREET, SUITE 400  
1.4 CITY-ST-ZIP TAMPA, FL 33606

2.1 TITLE CFO & TREASURER ☐ Change ☒ Addition  
2.2 NAME JAN JACOB MEDER  
2.3 STREET ADDRESS 12213 WOOD DUCK PLACE  
2.4 CITY-ST-ZIP TEMPLE TERRACE, FL 33617

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0399588