

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90148 048 \*\*\*150.00

DOCUMENT # P96000043009

1. Corporation Name

SOUTHERN FAMILY INSURANCE AGENCY, INC.

Principal Place of Business

511 W BAY STREET  
SUITE 400  
TAMPA FL 33606

Mailing Address

511 W BAY STREET  
SUITE 400  
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

59-3404823

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

LUNSKIS, MARILYN P  
74 COLUMBIA DR  
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 PD ☐ DELETE  
NAME POE, WILLIAM JR.  
STREET ADDRESS 206 LOCUST DR.  
CITY-ST-ZIP BRANDON FL 33511

TITLE DIRECTOR ☐ DELETE  
NAME POE, WILLIAM SR.  
STREET ADDRESS 70 LADOGA AVE  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE DVP ☐ DELETE  
NAME LUNSKIS, MARILYN P  
STREET ADDRESS 74 COLUMBIA DR.  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE  
NAME MITCHELL, JANICE  
STREET ADDRESS 119 HICKORY CREEK BLVD  
CITY-ST-ZIP BRANDON FL 33511

TITLE CFO & TREAS. ☐ DELETE  
NAME MEDER, JAN JACOB  
STREET ADDRESS 12213 WOOD DUCK PLACE  
CITY-ST-ZIP TAMPA FL 33617

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR & SECRETARY ☐ Change ☒ Addition  
1.2 NAME KEREN P. SMITH  
1.3 STREET ADDRESS 525 SUWANEE CIRCLE  
1.4 CITY-ST-ZIP TAMPA, FL 33606

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

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 (11/98)