

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

001070

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90124 024 \*\*\*150.00

DOCUMENT # P96000044508

1. Corporation Name STRICKLAND INSURANCE BROKERS - FLORIDA, INC.



Principal Place of Business: C/O WILLIAM SCHUELKE, 3355 CLAIRE LANE #1610, JACKSONVILLE FL 32223

Mailing Address: P O DRAWER 2027, GOLDSBORO NC 27533-2027, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 05/20/1996

4. FEI Number: 59-3391851

Applied For: Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

Correction made to FEI Number

Intangible Agent: Yes/No

9. Name and Address of Current Registered Agent: SCHUELKE, WILLIAM, 3355 CLAIRE LANE, #1610, JACKSONVILLE FL 32223

81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, ROBERT W	
STREET ADDRESS	133 QUAIL CROFT DR	
CITY-ST-ZIP	GOLDSBORO NC	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, ROBERT C	
STREET ADDRESS	141 QUAIL CROFT DR	
CITY-ST-ZIP	GOLDSBORO NC	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	TILLMAN, MARIANNA S	
STREET ADDRESS	140 QUAIL CROFT DR	
CITY-ST-ZIP	GOLDSBORO NC	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	RZEPINSKI, JOHN F	
STREET ADDRESS	103 WREN PL	
CITY-ST-ZIP	GOLDSBORO NC	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHUELKE, WILLIAM	
STREET ADDRESS	3355 CLAIRE LN #1610	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James R. Pouliot	
1.3 STREET ADDRESS	9800 South Meridian Blvd.	
1.4 CITY-ST-ZIP	Englewood, CO. 80112	
2.1 TITLE	SR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael L. Pautler	
2.3 STREET ADDRESS	9 Farm Springs Drive	
2.4 CITY-ST-ZIP	Farmington, CT 06032	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Judy S. Spitzer	
3.3 STREET ADDRESS	9 Farm Springs Drive	
3.4 CITY-ST-ZIP	Farmington, CT 06032	
4.1 TITLE	VP-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Craig A. Nyman	
4.3 STREET ADDRESS	9 Farm Springs Drive	
4.4 CITY-ST-ZIP	Farmington, CT 06032	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William Schuelke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/99

Date

(303) 754-8400

Daytime Phone #

CR2E034 (1/98)