

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

FILED
May 12 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 # P96000048677 (4)
1. Corporation Name
SOUTHERN FAMILY INSURANCE COMPANY



Principal Place of Business

1901 N. 13TH ST.
TAMPA FL 33606 --

Mailing Address

1901 N. 13TH ST.
TAMPA FL 33605-3612

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

3. Date Incorporated or Qualified

06/04/1996

3a. Date of Last Report

4. FEI Number

59-3365558

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

THE STATE TREASURER & INSURANCE COMMISSION
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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 ☐ DELETE

NAME POE, CHARLES E

STREET ADDRESS 70 LADOGA AVE.

CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME MITCHELL, JANICE

STREET ADDRESS 744 S. DAVIS BLVD.

CITY-ST-ZIP TAMPA FL 33606 --

TITLE D ☐ DELETE

NAME FOSTER, KEREN P

STREET ADDRESS 625 SUWANEE CIRCLE

CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME POE, WILLIAM F JR.

STREET ADDRESS 208 LOCUST DR.

CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE

NAME LUNSKIS, MARILYN C

STREET ADDRESS 74 COLUMBIA DR.

CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME KRZESINSKI, THOMAS S

STREET ADDRESS 1901 N. 13TH ST.

CITY-ST-ZIP TAMPA FL 33605

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

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

D ☒ Change ☐ Addition

MITCHELL, JANICE

119 HICKORY CREEK BLVD.

BRANDON, FL 33511

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 *Thomas S. Krzesinski* (813) 358-4000

CR2E034 (9/96)