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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000048677 (4)

1. Corporation Name

SOUTHERN FAMILY INSURANCE COMPANY

Principal Place of Business

Mailing Address

511 BAY ST
SUITE #400
TAMPA FL 33606
US

511 BAY STREET
SUITE #400
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 in 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 119 HICKORY CREEK BLVD
CITY-ST-ZIP BRANDON FL

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

TITLE D ☐ DELETE
NAME POE, WILLIAM F JR.
STREET ADDRESS 206 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 DP ☐ DELETE
NAME KRZESINSKI, THOMAS S
STREET ADDRESS 511 BAY STREET SUITE #400
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☐ Change ☒ Addition
12 NAME POE, WILLIAM F SR.
13 STREET ADDRESS 70 LADOGA AVE.
14 CITY-ST-ZIP TAMPA FL 33606

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

William F. Poe

CR2E034 (10/97)