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Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90149 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000048677**

1. Corporation Name

**SOUTHERN FAMILY INSURANCE COMPANY**

Principal Place of Business

511 BAY ST  
SUITE #400  
TAMPA FL 33606  
US

Mailing Address

511 BAY STREET  
SUITE #400  
TAMPA FL 33606  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 the current year Intangible  
Personal Property Tax.

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

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

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

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

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

TITLE ☐ 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

1.1 TITLE DIRECTOR/VICE CHAIRMAN ☐ Change ☒ Addition  
1.2 NAME WILLIAM F. POE, SR.  
1.3 STREET ADDRESS 70 LADOGA AVE.  
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 SMITH, KEREN P  
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

4/5/99

Date

Daytime Phone #

CR2E034 (11/98)