

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90047 020 ***150.00

DOCUMENT # P96000048677

1. Entity Name
SOUTHERN FAMILY INSURANCE COMPANY



Principal Place of Business
**TWO HARBOUR PLACE
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602 US**

Mailing Address
**TWO HARBOUR PLACE
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602 US**

54004031



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3365558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME POE, CHARLES E
STREET ADDRESS 511 BAY ST., STE 400
CITY-ST-ZIP TAMPA, FL 33606

TITLE CCEO ☐ Delete
NAME WURDEMAN, JAMES E
STREET ADDRESS 511 W BAY STREET, SUITE 400
CITY-ST-ZIP TAMPA, FL 33606

TITLE D ☐ Delete
NAME POE, SR, WILLIAM F
STREET ADDRESS 511 W BAY STREET, SUITE 400
CITY-ST-ZIP TAMPA, FL 33606

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

TITLE STCF ☐ Delete
NAME MEDER, JAN JACOB
STREET ADDRESS 511 W BAY STREET, SUITE 400
CITY-ST-ZIP TAMPA, FL 33606

TITLE PD ☐ Delete
NAME KRZESINSKI, THOMAS S
STREET ADDRESS 511 BAY STREET SUITE #400
CITY-ST-ZIP TAMPA, FL 33606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 302 KNIGHTS RUN AVENUE, STE. 700
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 302 KNIGHTS RUN AVENUE, STE. 700
CITY-ST-ZIP TAMPA, FL 33602

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NAME
STREET ADDRESS 302 KNIGHTS RUN AVENUE, STE. 700
CITY-ST-ZIP TAMPA, FL 33602

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN J. MEDER

Date

Daytime Phone #

Jan J. Meder **JAN J. MEDER** CFO 2/3/2004

813-259-4004

Attachment

54004031

SOUTHERN FAMILY INSURANCE COMPANY
2004 UNIFORM BUSINESS REPORT
DOCUMENT # P96000048677
FEI NUMBER: 59-3365558

CHANGES:

SRVP
DOLLAR, BOBBY C.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602

~~D~~
SMITH, KEREN P.
68 LADOGA
TAMPA, FL 33606

D
LUNSKIS, MARILYN P.
8 BAHAMA CIRCLE
TAMPA, FL 33606

D
MITCHELL, JANICE P.
119 HICKORY CREEK BLVD.
BRANDON, FL 33511
