

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90069 040 ***150.00

DOCUMENT # P96000060685

1. Entity Name
FLORIDA SELECT INSURANCE AGENCY INC.



Principal Place of Business
**1819 MAIN ST
SUITE 700
SARASOTA, FL 34236**

Mailing Address
**1819 MAIN ST
SUITE 700
SARASOTA, FL 34236**

50065611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3390357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KROUSE, MITCHEL ESQ
1819 MAIN ST
SUITE 700
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEFLER, WALTER M	
STREET ADDRESS	1819 MAIN ST, SUITE 700	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCULLOUGH, JOHN	
STREET ADDRESS	3760 RIVER RUN DRIVE	
CITY-ST-ZIP	BIRMINGHAM, AL 43360	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NANCE, HOPSON	
STREET ADDRESS	3760 RIVER RUN DRIVE	
CITY-ST-ZIP	BIRMINGHAM, AL 43360	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WIEDRICK, JENNIFER	
STREET ADDRESS	1819 MAIN STREET SUITE 700	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KROUSE, MITCHELL	
STREET ADDRESS	1819 MAIN ST SUITE 700	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COTE, JOHN A	
STREET ADDRESS	1819 MAIN ST SUITE 700	
CITY-ST-ZIP	SARASOTA, FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID W. LACEFIELD	
STREET ADDRESS	3760 River Run Drive	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur J. Gonzales	
STREET ADDRESS	3760 River Run Drive	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. WATJE	
STREET ADDRESS	101 University Ave, Suite 110	
CITY-ST-ZIP	SACRAMENTO, CA 95825	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred H. Wright	
STREET ADDRESS	3760 River Run Drive	
CITY-ST-ZIP	Birmingham AL 35243	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. David Emery	
STREET ADDRESS	3760 River Run Drive	
CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobby L. Nolen	
STREET ADDRESS	1819 Main Street, Suite 1101	
CITY-ST-ZIP	SARASOTA, FL 34236	

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

Date

Daytime Phone #

Fred H. Wright 9/6/05

ATTACHMENT
OFFICERS AND DIRECTORS
FLORIDA SELECT INSURANCE AGENCY INC.

50065611
P96000060685

Officers

David W. Lacefield	President
James R. Watje	Executive Vice President, Western Region
Bobby L. Nolen	Executive Vice President
C. David Emery	Senior Vice President and Chief Claims Officer
Arthur J. Gonzales	Senior Vice President, General Counsel and Secretary
Fred H. Wright	Treasurer

Directors

David W. Lacefield, Chairman
Arthur J. Gonzales
Bobby L. Nolen
James R. Watje
Fred H. Wright