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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90122 001 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000080941**

1. Corporation Name  
**FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY**



Principal Place of Business 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225	Mailing Address 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE FL 32225
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>10/01/1996</b>
21	22	26	4. FEI Number <b>59-6077796</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
23	24	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Zip	Country	29	30
Zip	Country	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GABEL, GEORGE D JR. 76 NORTH LAURA STREET, STE. 1600 JACKSONVILLE FL 32202		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	50 NORTH LAURA STREET, STE. 3900
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JAMES E	1.2 NAME	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, WILLIAM JR.	2.2 NAME	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, RUEL L JR.	3.2 NAME	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MARY A	4.2 NAME	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABEL, GEORGE D JR.	5.2 NAME	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALAN, JACK B JR.	6.2 NAME	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	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: James E. Brock 1/29/99 (904) 829-2174  
 SIGNATURE AND TITLE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)