


**-2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000080941**

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



Principal Place of Business      Mailing Address  
**9485 REGENCY SQUARE BLVD., STE. 415**      **9485 REGENCY SQUARE BLVD., STE. 415**  
**JACKSONVILLE FL 32225**      **JACKSONVILLE FL 32225**

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc      Suite, Apt #, etc

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E034 (11/03)

4. FEI Number **59-6077796**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GABEL, GEORGE D JR.**  
**50 N LAURA ST STE 3900**  
**JACKSONVILLE FL 32202**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

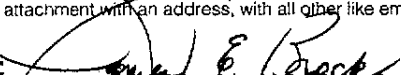
**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	BROCK, JAMES E	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BOND, WILLIAM JR.	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BRADLEY, RUEL L JR.	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RICHARDSON, MARY A	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GABEL, GEORGE D JR.	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HEALAN, JACK B JR.	
STREET ADDRESS	9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000074067	
CITY-ST-ZIP	03/03/04-80003-004 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **James E. Brock**      **2/19/04 (904) 829-2174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #