


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90327 001 \*\*\*150.00

**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.

1st MOORE      CR2E034 (10/04)

City & State      City & State

4. FEI Number      Applied For  
 59-6077796      Not Applicable

Zip      Country      Zip      Country

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: *John A. Lemine*  
 Street Address (P.O. Box Number is Not Acceptable): *9485 Regency Square Blvd.*  
*Suite 415*  
 City: *Jacksonville*      FL      Zip Code: *32225*

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: *John A. Lemine*      *John A. Lemine, Chief Operating Officer*      *4/15/05*  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director and Chairman</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, Vice-Chairman and President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chief Operating Officer (VP)</i> <i>John A. Lemine</i> <i>9485 Regency Square Blvd, Suite 415</i> <i>Jacksonville, FL 32225</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Joseph G. Seay</i> <i>9485 Regency Square Blvd, Suite 415</i> <i>Jacksonville, FL 32225</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, Assnt. Secretary and General Counsel</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, Assnt. Treasurer and Chair-Elect</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George D. Gabel, Jr.*      *4/11/05*      *904/353-2000*  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

ATTACHMENT

50039568

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # P96000080941

FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY

FEI Number 59-6077796

Director

Addition

Walter L. Banks  
9485 Regency Sq. Blvd.  
Suite 415  
Jacksonville, FL 32225