


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90314 042 ***150.00

DOCUMENT # P96000080941

1. Entity 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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01122006 Chg-P CR2E034 (11/05)

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

**LEMINE, JOHN A.
 9485 EGENCY SQUARE BLVD.
 SUITE 415
 JACKSONVILLE, FL 32225**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Assnt. Secretary & General Counsel
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Assnt. Treasurer & Chair-Elect

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John A. Lemine John A. Lemine 4/11/06 904.724.9890

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

ATTACHMENT

40047759

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY
FEI Number 59-6077796

BLOCK 11:

Addition ☒

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

Addition ☒

Director
Joseph G. Seay
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225

Addition ☒

Chief Operating Officer (VP)
John A. Lemine
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225

Addition ☒

Vice President of Policy Services
Angela R. Adamson
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225

Addition ☒

Vice President of Field Services
John M. Bledsoe
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225

Addition ☒

Vice President Finance
Heather L. McCoy
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225