


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90097 029 ***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 - No P.O. Box # 3. Mailing Address
4601 Touchton Road East *4601 Touchton Road East*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Building 300, Suite 3150 *Building 300, Suite 3150*
 City & State City & State
Jacksonville, FL *Jacksonville, FL*

02272008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-6077796 Not Applicable

Zip Country Zip Country
32246 **32246** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEMINE, JOHN A.
9485 REGENCY SQUARE BLVD
SUITE 415
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent
 Name *change in address only*
 Street Address (P.O. Box Number is Not Acceptable)
4601 Touchton Road East
Building 300, Suite 3150
 City *Jacksonville* FL Zip Code *32246*

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE DC	<input checked="" type="checkbox"/> Delete
NAME BROCK, JAMES E	
STREET ADDRESS 9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP JACKSONVILLE, FL 32225	
TITLE DPVC	<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 DASC	<input type="checkbox"/> Delete
NAME GABEL, GEORGE D JR	
STREET ADDRESS 9485 REGENCY SQUARE BLVD., STE. 415	
CITY-ST-ZIP JACKSONVILLE, FL 32225	
TITLE DATC	<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	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4601 Touchton Rd East, Suite 3150, Bldg 300</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32246</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4601 Touchton Rd East, Suite 3150, Bldg 300</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32246</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4601 Touchton Rd East, Suite 3150, Bldg 300</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32246</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DC
STREET ADDRESS	<i>4601 Touchton Rd East, Suite 3150, Bldg 300</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32246</i>

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* *4/17/08* *904.724.9890*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40075796

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT #P96000080941

**FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY
FEI Number 59-6077796**

BLOCK 10:

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

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

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

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

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

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

BLOCK 11:

Change

**4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246**

Change

DAT

**4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246**

Change

**4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246**

Change

**4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246**

Change

**4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246**

Change

**4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246**