

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90016 016 ***150.00

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1. Entity Name
FRONTLINE INSURANCE MANAGERS INC.



Principal Place of Business

**615 CRESCENT EXEC CT
STE 100
LAKE MARY, FL 32746**

Mailing Address

**PO BOX 952709
LAKE MARY, FL 32795 US**

94021000



2. Principal Place of Business

200 Colonial Center Pkwy

3. Mailing Address

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

Lake Mary, FL

City & State

4. FEI Number

13-3963337

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TIMIN, GARY P
215 MONROE ST
SUITE 601
TALLAHASSEE, FL 32301**

[Signature]

7. Name and Address of New Registered Agent

Name ***Louis Vendittelli, Louis V Esq.***

Street Address (P.O. Box Number is Not Applicable)
**200 Colonial Center Parkway
Suite 100**

City **Lake Mary** FL **32746**

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 *Louis V. Vendittelli*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZUK, DONALD J	
STREET ADDRESS	1813 PAIRSETTA LANE	
CITY-ST-ZIP	MANHATTAN BEACH, CA	
TITLE	C	<input type="checkbox"/> Delete
NAME	KING, WILLIS T JR	
STREET ADDRESS	122 PROSPECT ST	
CITY-ST-ZIP	SUMMIT, NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARHAM, NORMAN	
STREET ADDRESS	13782 MONACO WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	PORTER, LEMAN	
STREET ADDRESS	1505 WHITSTABLE CT	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLER, JOY	
STREET ADDRESS	777 MAIN ST STE 1000	
CITY-ST-ZIP	FORT WORTH, TX 76107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Porter, Lanier M.	
STREET ADDRESS	200 Colonial Center Pkwy Suite 100	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cosgrove, John F	
STREET ADDRESS	201 W Flagler St	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	D.C.F.O.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Dwayne R	
STREET ADDRESS	200 Colonial Center Pkwy Suite 100	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Humphrey, Harold	
STREET ADDRESS	200 Colonial Center Pkwy Suite 100	
CITY-ST-ZIP	Lake Mary, FL 32746	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

407-444-5224

Daytime Phone #