

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0010249

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000081704**

1. Corporation Name

**PROFESSIONAL PROTECTIVE INSURANCE COMPANY**

Principal Place of Business

**507 N. NEW YORK AVENUE  
SUITE 100  
WINTER PARK FL 32789**

Mailing Address

**507 N. NEW YORK AVENUE  
SUITE 100  
WINTER PARK FL 32789**

99 JUL -9 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/22/1997**

4. FEI Number

**59-3447604**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

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

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAY, JEFFREY  
507 N. NEW YORK AVENUE  
SUITE 100  
WINTER PARK FL 32789**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Jeffrey K. Bay **JEFFREY K. BAY** **PRESIDENT & CEO** **6/29/99**  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BAY, JEFFREY**  
STREET ADDRESS **2080 MELROSE DRIVE**  
CITY-ST-ZIP **DECATUR IL**

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **PETER SEIDENSTRUCKER**  
1.3 STREET ADDRESS **4628 MIRABELLA COURT**  
1.4 CITY-ST-ZIP **ST. PETERS BEACH, FL 33706**

TITLE **D** ☐ DELETE  
NAME **JONES, THOMAS R JR.**  
STREET ADDRESS **17950 S.W. 285TH STREET**  
CITY-ST-ZIP **HOMESTEAD FL**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **PIER WESTRA**  
2.3 STREET ADDRESS **5129 NEPTUNE WAY**  
2.4 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D** ☐ DELETE  
NAME **KUVIN, LAWRENCE P**  
STREET ADDRESS **2151 HIATUS ROAD**  
CITY-ST-ZIP **DAVIE FL**

3.1 TITLE **CHIEF FINANCIAL OFFICER** ☐ Change ☒ Addition  
3.2 NAME **THOMAS L. STINSON**  
3.3 STREET ADDRESS **14112 LEICESTER LANE**  
3.4 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **D** ☐ DELETE  
NAME **NENEZIAN, GEORGE**  
STREET ADDRESS **7000 ABERDEEN WAY**  
CITY-ST-ZIP **MIAMI LAKES FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LUND, ALAN**  
STREET ADDRESS **17363 SW 267 LANE**  
CITY-ST-ZIP **HOMESTEAD FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplement to annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Thomas L. Stinson **THOMAS L. STINSON** **6/29/99** **407-122-2297**

CR2E034 (5/99)



June 29, 1999

Division of Corporations  
Annual Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

I am writing to request that the \$400.00 penalty for late reporting be waived. Our original 1999 Annual Report was filed on April 20, 1999 (copy attached) along with our check in the amount of \$150.00 (copy attached), which cleared our bank on May 7, 1999.

Apparently, the original filing was rejected due to an out of state address for the Registered Agent. A rejection notice was then mailed to us, which was never received. Because there are only four individuals in our office at any one time, it would be difficult for us to lose this document once it actually reaches our office. Consequently, the first indication we had that the original filing was rejected is the 1999 Annual Report second notice, which we have completed and returned on the same day received.

We thank you for your consideration of our request.

Sincerely,

A handwritten signature in black ink, appearing to read "T. L. Stinson", is written over a horizontal line.

Thomas L. Stinson  
Chief Financial Officer