


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000106625 (1)**

1. Corporation Name

SOUTHERN INSURANCE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**1010 BIG PINE KEY
ATLANTIC BEACH FL 32233**

**1010 BIG PINE KEY
ATLANTIC BEACH FL 32233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTLETT, BARON L
50 HIGHWAY A1A STE. 103
PONTE VEDRA BEACH FL 32082**

81 Name

DONALD H NACHTMAN

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

1010 Big Pine Key

83

84 City

ATLANTIC BEACH

FL

85 Zip Code

32233

11. Pursuant to the provisions of Sections 607.0102 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

Donald H. Nachtman
Signature, typed or printed name of registered agent and title if applicable

DONALD H NACHTMAN S/T

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **NACHTMAN, DONALD H**
STREET ADDRESS **1010 BIG PINE KEY**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

1.1 TITLE **SECRETARY-TREASURER S/T** ☒ Change ☐ Addition
1.2 NAME **DONALD H NACHTMAN**
1.3 STREET ADDRESS **1010 Big Pine Key**
1.4 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **ROCHELYN NACHTMAN**
2.3 STREET ADDRESS **1010 Big Pine Key**
2.4 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 supplemental 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

Donald H. Nachtman

DONALD H. NACHTMAN

2/11/98

904-910-3231

CR2E034 (10/97)