PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

SIGNATURE:

P98000024612\

Mailing Address

FIRST PROTECTIVE INSURANCE COMPANY

FILED Jul 20, 1999 8:00 am Secretary of State 07-20-1999 90027 018 ***550.00

106 E COLLEGE AVE. SUITE 1200 TALLAHASSEE FL 32301		106 E COLLEGE AVE. SUITE 1200 TALLAHASSEE FL 32301		DO NOT WOLTEN THE CO	3.05	
				DO NOT WRITE IN THIS SI	PACE	
				3. Date Incorporated or Qualified		
· · · · · · · · · · · · · · · · · · ·		10. 10. 11.		03/16/1998 4. FEI Number	A - Park Can	
2. Principal Pi	lace of Business	2a. Mailing Address		1 "	Applied For	
21 00 (0	Hidden River Parkusu	1 26 99 HILLSIDE	E AVENUE	59-3498334	Not Applicable	
Suite, Apt. # 22 5U.+C		Suite, Apt. #, etc. 27 SUITE 99 (3	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 WILLISTOW	PARK N.Y	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24 3363 7	25 USA	29 11596 3	0 U.S.A.	Intangible Personal Property.	Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Ag	rent	
			81 Name			
INSU	INSURANCE COMMISSIONER			82 Street Address (P.O. Box Number is Not Acceptable)		
CAPITOL BUILDING			62 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL			83			
••						
			84 City	FL_	85 Zip Code	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose of chan	ging its registered	
office or r	registered agent, or both, in the State or am familiar with, and accept the obligat	nt Florida. Such chance was aut	inorized by the corpor	ration's board of directors. I hereby accept the appointment	nent as registered	
	ani lamiliai with, and accept the obliga-	mons of, section for asos, i folia	oa olelbios.			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE		DELETE	1.1 TITLE		Change Addition	
NAME	DURR, CHARLES E	<u> </u>	1.2 NAME	brman Barham	• •	
STREET ADDRESS	75 COLONIAL AVE			95 Highland Avenue		
CITY-ST-ZIP	WILLISTON PARK NY 11596			Montclair, Not 0704a		
TITLE	D	DELETE			Change Addition	
NAME	_ -	- DELEVE	2.2 NAME	Maries E. Durr	Change Modition	
STREET ADDRESS	DUNHAM, FRANK G III		2.3 STREET ADDRESS			
	6229 KENWICK		L L	5 coloniel avenue		
CITY-ST-ZIP	FT WORTH TX	DELETE -	2.4 CITY-ST-ZIP	WITHDOLL WILL VIN A	-Change Addition	
	D	DELETE · ·		Sonald J. Zuk	T-Change [] - Addroon	
NAME	DEROSA, PHILLIP L					
STREET ADDRESS	2426 WAGNER CREEK CT			ala Poincetto lane		
CITY-ST-ZIP	MT PLEASANT SC 29464			Manhallan Beach CA	1	
TITLE	D	DELETE	4.1 TITLE	L	Change Addition	
NAME	ZULK, DONALD J		4.2 NAME			
STREET ADDRESS	1813 POINSETTIA LANE		4.3 STREET ADDRESS			
CITY-ST-ZIP	MANHATTAN BEACH CA		4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition	
···			5.2 NAME			
NAME	KING, WILLIS T JR		0.27.11.11.12			
	KING, WILLIS T JR 122 PROSPECT ST		5.3 STREET ADDRESS			
NAME	122 PROSPECT ST					
NAME STREET ADDRESS		DELETE	5.3 STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	122 PROSPECT ST	DELETE	5.3 STREET ADORESS 5.4 CITY-ST-ZIP		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	122 PROSPECT ST	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	122 PROSPECT ST	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition	