

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-11-2004 90016 012 \*\*\*150.00

**DOCUMENT # P98000024612**

1. Entity Name  
**FIRST PROTECTIVE INSURANCE COMPANY**



Principal Place of Business  
**615 CRESCENT EXEC CT STE 100  
LAKE MARY, FL 32746 US**

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

**94027989**



2. Principal Place of Business  
**200 Colonial Center Parkway**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004

Chg-P

CR2E034 (10/03)

City & State  
**Lake Mary, FL**

City & State

4. FEI Number  
**59-3498334**

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

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

Name  
**Louis Vendittelli, Esq**

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

**200 Colonial Center Parkway Suite 100**

City  
**Lake Mary**

FL

Zip Code  
**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

*[Signature]*

**3/4/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPTS  
DURR, CHARLES E  
75 COLONIAL AVE  
WILLISTON PARK, NY 11596** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
Lanier M. Porter  
202 Quayside Cir #204  
Maitland, FL 32751** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARHAM, NORMAN  
13782 MONACO WAY  
WEST PALM BEACH, FL 33410** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
Lanier M. Porter  
1505 Whitehall Ct.  
Heathrow, FL 32746** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZUK, DONALD J  
1813 POINSETTIA LANE  
MANHATTAN BEACH, CA** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
Dwayne R. Williams  
1040 Bloombury Run  
Heathrow, FL 32746** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KING, WILLIS T JR  
122 PROSPECT ST  
SUMMIT, NJ 07901** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
Harold M. Humphrey  
8940 SW 160th St.  
Miami, FL 33157** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KELLER, JOY  
777 MAIN ST SUITE 1000  
FORT WORTH, TX 76107** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
John F. Coogrove  
201 W. Flagler St.  
Miami, FL 33130** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Emily R. McDonald  
615 Silver Lake Dr.  
Summit, NJ 07901** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **Dwayne R. Williams**

**3/2/04**

**407-444-5224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #