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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S19394

(3)

1. Corporation Name

THE INSURANCE GROUP, INC.



Principal Place of Business

28463 US 19 NORTH  
CLEARWATER FL 34621

Mailing Address

28463 US 19 NORTH  
CLEARWATER FL 34621-2517

3. Date Incorporated or Qualified  
12/14/1990

3a. Date of Last Report  
09/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3046249

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLIMCZAK, PAUL J.  
28463 US 19 NORTH  
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME KLIMCZAK, PAUL J.  
STREET ADDRESS 942 HARBOR CIRCLE  
CITY-ST-ZIP PALM HARBOR FL

TITLE DP  
NAME LONG, CLYDE H., JR.  
STREET ADDRESS 138 HARBOR DR.  
CITY-ST-ZIP PALM HARBOR FL

TITLE DV  
NAME NUSSEAR, ROBERT E.  
STREET ADDRESS 2148 CAMDEN WAY  
CITY-ST-ZIP CLEARWATER FL

TITLE ST  
NAME CHESSON, PHILLIP  
STREET ADDRESS 1153 IDLEWIND DRIVE  
CITY-ST-ZIP PALM HARBOR FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 28463 US 19 N  
1.4 CITY-ST-ZIP Clearwater, FL 34621

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 29190 US Hwy 19 N  
2.4 CITY-ST-ZIP Clearwater, FL 34621

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 2380 Drew St., Suite 5  
3.4 CITY-ST-ZIP Clearwater, FL 34625

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1471 Dwell Blvd  
4.4 CITY-ST-ZIP Clearwater, FL 34621

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

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (813) 796-2116  
Date Daytime Phone #

CR2E034 (9/96)