

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

FILED

Mar 04 1998 8:00am
Secretary of State

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

DOCUMENT # **S27083** (2)
1. Corporation Name
EMPLOYERS COMPENSATION SERVICES CORPORATION

Principal Place of Business POST OFFICE BOX 15707 ST. PETERSBURG FL 33733	Mailing Address POST OFFICE BOX 15707 ST. PETERSBURG FL 33733
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1991	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3082731		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent DELANO, G KRISTIN 360 CENTRAL AVE ST PETERSBURG FL 33701				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)					
83. City					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BO ☐ DELETE	1.1 TITLE	DCP ☒ Change ☐ Addition
NAME	MENKE, ROBERT M	1.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUSSEMAN, EDWIN C	2.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MEEHAN, DAVID K	3.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DELANO, G KRISTIN	4.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHALLER, MELVIN N	5.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	DEVP ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MENKE, ROBERT G	6.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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:

1/30/98

813 823-4000 x 4416

CP2E034 (10/97)