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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

S71811 **DOCUMENT #**

(1)

DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROU P, INC.

FILED Apr 23 1996 8:00 am Secretary of State



'rincipa! Place of								
1545 RAYMOND RD 3RD FLOOR TALLAHASSEE FL 32308		P.O. BOX 12200 TALLAHASSEE FL 32317-2200		Date Incorporated or Qualified	3a. Date of L	ast Report		
				08/08/1991		04/19/1995		
Dringing Plan	o of Business	2a, Mailing Address			4. FEI Number		Applied For	
	F=-				1 T		Not Applicable	
1 1545 Raymond Diehl Rd. Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional				
Suite, Apt. #, etc. 2 3rd Floor		27		5. Certificate of Status Desired	X	Fee Required		
City & State		City & State		6. Election Campaign Financing		5.00 May Be		
3		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Counti	у	8. This corporation has liability for i		der s. 199.032,	
25		29 30			Florida Statutes 🛣 Yes 🗍 No			
	g. Name and Address of Current	Registered Agent			10. Name and Address of New R	legislered Agei	nt	
			8					
JACOBS,	, JOSEPH W.		8	2 Street Add	iress (P.O. Box Number is Not Acceptab	ole)		
	AYMOND RD							
3RD FLO	IOR			3				
TALLAHA	ASSEE FL 32308		В	4 City		FI 8	5 Zip Code	
	H	and 607 1509 Florida Chab	itee the show	I named como	oration submits this statement for the pur	mose of changin	a its registered offi	
familiar with	, and accept the obligations of, Section	rı 607.0505, Florida Statute	s.	po.des., 5 ., 4	and of directors. I hereby accept the app	· ·		
SIGNATURE	to the treat or related a good for integral areas and	ed tried analostic	IOTE: Registered Ad	ent signature require	ed when reinstating)	DATÉ		
SI	ignature, typed or printed harne of registered agent a OFFICERS AND		IOTE: Registered Ag	gent signature require	ed when reinstating? ADDITIONS/CHANGES TO OFF		RECTORS IN 12	
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certify that the information indicated on this annual leport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, priori an attachment with an address.

SIGNATURE:

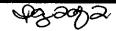
Joseph W. Jacobs SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Da't

904-422-2255

Daytinie Phone #



ATTACHMENT TO 1996 ANNUAL REPORT FOR DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROUP, INC.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete MOYLES, BRIANT G. 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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