

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # **S71811** (1)

1. Corporation Name

**DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROUP, INC.**



Principal Place of Business

Mailing Address

**1545 RAYMOND RD  
3RD FLOOR  
TALLAHASSEE FL 32308**

**P.O. BOX 12200  
TALLAHASSEE FL 32317-2200**

3. Date Incorporated or Qualified  
**08/08/1991**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1545 Raymond Diehl Rd.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **3rd Floor**

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, JOSEPH W.  
1545 RAYMOND RD  
3RD FLOOR  
TALLAHASSEE FL 32308**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PDC  
ECKERLEIN, R.F.  
1545 RAYMOND DIEHL RD.  
TALLAHASSEE FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
KOPELMAN, HARVEY M.  
1545 RAYMOND DIEHL RD.  
TALLAHASSEE FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
STELNICKI, JAMES V.  
1545 RAYMOND DIEHL RD.  
TALLAHASSEE FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HOROWITZ, EARL R.  
1545 RAYMOND DIEHL RD.  
TALLAHASSEE FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KARNS, MARTIN E.  
1545 RAYMOND DIEHL RD.  
TALLAHASSEE FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MERRITT, HENRY N., JR.  
1545 RAYMOND DIEHL RD.  
TALLAHASSEE FL** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Joseph W. Jacobs**

**4/16/96**

**904-422-2255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

9/20/92

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYLES, BRIANT G. 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, ALLEN 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBS, JOSEPH W. 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLENS, SHELDON 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition