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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S71811** (1)  
1. Corporation Name  
**DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROU  
P, INC.**

Principal Place of Business  
**1545 RAYMOND DIEHL RD.  
3RD FLOOR  
TALLAHASSEE FL 32308**

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

FILED  
97 APR 23 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
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3. Date Incorporated or Qualified **08/08/1991**  
3a. Date of Last Report **04/23/1996**  
4. FEI Number **59-1688072**  
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  
**JACOBS, JOSEPH W  
1545 RAYMOND RD  
3RD FLOOR  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **400002152264-8**  
84 **-04/23/97-01085-005**  
**\*\*\*\*173. FL \*\*\*\*198.75**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-STATE-ZIP  
PDC ECKERLEIN, R F 1545 RAYMOND DIEHL RD. TALLAHASSEE FL  
VD KOPELMAN, HARVEY M 1545 RAYMOND DIEHL RD. TALLAHASSEE FL  
STD STELNICKI, JAMES V 1545 RAYMOND DIEHL RD. TALLAHASSEE FL  
D HOROWITZ, EARL R 1545 RAYMOND DIEHL RD. TALLAHASSEE FL  
D KARNS, MARTIN E 1545 RAYMOND DIEHL RD. TALLAHASSEE FL  
D MERRITT, HENRY N JR. 1545 RAYMOND DIEHL RD. TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ECKERLEIN, DPM, R.F.  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE KOPELMAN, DPM, HARVEY M.  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE STELNICKI, DPM, JAMES V.  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE HOROWITZ, DPM, EARL R.  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE KARNS, DPM, MARTIN E.  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE MERRITT, DPM, HENRY N. JR.  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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; that I am 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 or on an attachment with an address.

SIGNATURE: **Joseph W. Jacobs** 4/17/97 904-422-2255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ATTACHMENT TO 1997 ANNUAL REPORT FOR  
DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROUP, INC.

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