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CORPORATION ANNUAL REPORT



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

1996

SIGNATURE.

DOCUMENT # \$76301 (8) 1. Corporation Name AMERICAN PROTECTIVE INSURANCE CORPORATION Principal Place of Business Mailing Address 28163 US HWY 19 NORTH SUITE 201 CLEARWATER FL 34621 (8) Mailing Address CLEARWATER FL 34621			3. Date Incorporated or Qualified 3a. Date of Last Report				
				08/26/1991	(04/28/19	95
l. Principal Pla T	ice of Business	2a. Mailing Address		4. FE! Number 59-3080688			Applied For
Suite, Apt. #	/, etc.	Suite, Apt. #, etc.					Not Applicable 5 Additional
		27		5. Certificate of Status Desired			Required
City & State		City & State		6. Election Campaign Financing		\$5.0	0 May Be
700	Country	28		Trust Fund Contribution			d to Fees
Ζφ]	Country 25	Zip 29	Country 30	8. This corporation has liability fo		tax under s	199.032,
4	9. Name and Address of Currer		- 130	Florida Statutes Ye 10. Name and Address of New	s □No Registered	i Aneni	
			81 Name	TO. Mario dila Padress of Item	i e gisteret	Agent	
MORGA	N, NICHOLAS A.		82 Street Ad	ddress (P.O. Box Number is Not Accepta	SC.123		
28163 U	S HWY 19 NORTH		OZ Street Ad	adress (F.O. DOX Number is Not Accepts	яыну		
SUITE 2			83				
CLEARW	/ATER FL 34621		84 City	····································		85 Zı	p Code
.					FL		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MOTGAN 4-1-96 (813) 746 - 4279