

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

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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90092 022 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V34056**

1. Corporation Name  
~~STAFFORD MORT INC~~ Amerisure Business Solutions of Florida, Inc.

Principal Place of Business: 6157 CANDLEWOOD WAY, SARASOTA FL 34243, US  
 Mailing Address: 6157 CANDLEWOOD WAY, SARASOTA FL 34243, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 339 6th AVENUE WEST		26 339 6th AVE W.		05/06/1992	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 BRADENTON, FL		28 BRADENTON, FL		65-0327388	
24 34205 25 US		29 34205 30 US		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORT, JEANETTE S 6157 CANDLEWOOD WAY SARASOTA FL 34243				81 Name DORRIS, VIRGINIA A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 339 6th AVENUE WEST			
				83			
				84 City BRADENTON FL 85 Zip Code 34205			

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: *Virginia A. Dorris* 11/19/99  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORT-STAFFORD, JEANETTE		1.2 NAME KINNAN, R. DOUGLAS	
STREET ADDRESS 6157 CANDLEWOOD WAY		1.3 STREET ADDRESS 46139 GALWAY DR.	
CITY-ST-ZIP SARASOTA FL 34243		1.4 CITY-ST-ZIP NOVI, MI 48374	
TITLE VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORT, DYKE D		2.2 NAME DIETERLE, MICHAEL	
STREET ADDRESS 6157 CANDLEWOOD WAY		2.3 STREET ADDRESS 3039 RAINBOW CT.	
CITY-ST-ZIP SARASOTA FL 34243		2.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME DORRIS VIRGINIA A.	
STREET ADDRESS		3.3 STREET ADDRESS 339 6th AVENUE WEST	
CITY-ST-ZIP		3.4 CITY-ST-ZIP BRADENTON, FL 34205	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME RUSSELL, RICHARD F.	
STREET ADDRESS		4.3 STREET ADDRESS 6295 BLOOMFIELD GLENS WEST	
CITY-ST-ZIP		4.4 CITY-ST-ZIP BLOOMFIELD, MI 48332	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Virginia A. Dorris* SIGNATURE REQUIRED 11/19/99 941-745-1836  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)