

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

DOCUMENT # **V61619** (5)

1. Corporation Name

**EMPLOYERS SAFETY GROUP ASSOCIATION, INC.**



Principal Place of Business

**2310 A-Z PARK ROAD  
LAKELAND FL 33801**

Mailing Address

**2310 A-Z PARK ROAD  
LAKELAND FL 33801**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**BULL, WILLIAM B  
2310 A-Z PARK RD  
LAKELAND FL 33801**

3. Date Incorporated or Qualified

**09/03/1992**

3a. Date of Last Report

**04/24/1995**

4. FEI Number

**59-3237597**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 then if applicable

(If With Registered Agent signature required when no change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

☐ DELETE

NAME

**BRANCH, GREG C  
335 NE WATULA AVE  
OCALA FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

**D**

☐ DELETE

NAME

**DOCKERY, C C  
2025 CRYSTAL WOOD DR  
LAKELAND FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

**D**

☐ DELETE

NAME

**GRAY, JOHN A  
950 BOYLSTON ST  
LEESBURG FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

**D**

☐ DELETE

NAME

**NOOJIN, ROBERT L SR  
1301 N 13TH ST  
TAMPA FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

**D**

☐ DELETE

NAME

**PETCOFF, THOMAS S  
1212 KILLS CT  
LAKELAND FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

**D**

☐ DELETE

NAME

**SIEGEL, ROBERT  
7400 N.W. 30TH AVE  
MIAMI FL 33147**

STREET ADDRESS

CITY- ST- ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS PETCOFF**

**4/15/96**

**941-688-6777**

CR2E034 (12/95)