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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33801-6880

3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

05/01/1996

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

4. FEI Number

59-3237597

Applied For

Not Applicable

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

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

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 title if applicable

(NOTE: Registered Agent signature required when relisting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BRANCH, GREG C
STREET ADDRESS 335 NE WATULA AVE
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME DOCKERY, C C
STREET ADDRESS 2025 CRYSTAL WOOD DR
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME GRAY, JOHN A
STREET ADDRESS 950 BOYLSTON ST
CITY-ST-ZIP LEESBURG FL

TITLE D ☐ DELETE

NAME NOOJIN, ROBERT L SR
STREET ADDRESS 1301 N 13TH ST
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME PETCOFF, THOMAS S
STREET ADDRESS 1212 Kells CT
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME SIEGEL, ROBERT
STREET ADDRESS 7400 N.W. 30TH AVE
CITY-ST-ZIP MIAMI FL 33147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Branch, Greg C.
1.3 STREET ADDRESS 335 N.W. Watula Avenue
1.4 CITY-ST-ZIP Ocala, FL 34470

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME Dockery, C. C.
2.3 STREET ADDRESS 2025 Crystal Wood Drive
2.4 CITY-ST-ZIP Lakeland, FL 33801

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T/D ☒ Change ☐ Addition

4.2 NAME Noojin, Robert L., Sr.
4.3 STREET ADDRESS 1301 N. 13th Street
4.4 CITY-ST-ZIP Tampa, FL 33605

5.1 TITLE S/D ☒ Change ☐ Addition

5.2 NAME Petcoff, Thomas S.
5.3 STREET ADDRESS 1212 Kells Court
5.4 CITY-ST-ZIP Lakeland, FL 33803

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. C. Dockery

C. C. Dockery

1-31-97

941-665-6060

Date Daytime Phone #

CR2E034 (9/96)