

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/03/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3237597	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BULL, WILLIAM B 2310 A-Z PARK RD LAKELAND FL 33801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 *William B. Bull* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			1.1 TITLE			
NAME	BRANCH, GREG C			1.2 NAME			
STREET ADDRESS	335 NW WATULA AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP			
TITLE	VD			2.1 TITLE			
NAME	DOCKERY, C C			2.2 NAME			
STREET ADDRESS	2025 CRYSTAL WOOD DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP			
TITLE	D			3.1 TITLE			
NAME	GRAY, JOHN A			3.2 NAME			
STREET ADDRESS	950 BOYLSTON ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL			3.4 CITY-ST-ZIP			
TITLE	TD			4.1 TITLE			
NAME	NOOJIN, ROBERT L SR			4.2 NAME			
STREET ADDRESS	1301 N 13TH ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	SD			5.1 TITLE			
NAME	PETCOFF, THOMAS S			5.2 NAME			
STREET ADDRESS	1212 KELLS CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			5.4 CITY-ST-ZIP			
TITLE	D			6.1 TITLE			
NAME	SIEGEL, ROBERT			6.2 NAME			
STREET ADDRESS	7400 N.W. 30TH AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147			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.

SIGNATURE: *Thomas S. Petcoff* Thomas S. Petcoff
~~William B. Bull~~ 2-27-98 941-665-6060

CR2E034 (10/97)