

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G44502** (4)

1. Corporation Name

**CONSOLIDATED ADJUSTERS OF FLA., INC.**



Principal Place of Business

Mailing Address

**416 S BABCOCK ST  
MELBOURNE FL 32901**

**416 S BABCOCK ST  
MELBOURNE FL 32901**

2. Principal Place of Business

2a. Mailing Address

**21 240-A N. Babcock St.**  
Street Address

**26 240-A N. Babcock St.**  
Street Address

**22**  
City & State

**27**  
City & State

**23 Melbourne, FL**

**28 Melbourne, FL**

**24 32935** **25** Country

**29 32935** **30** Country

9. Name and Address of Current Registered Agent

**HALL, THOMAS P.  
1134 SARNO ROAD  
MELBOURNE FL**

3. Date Incorporated or Qualified

**06/20/1983**

3a. Date of Last Report

**05/01/1995**

4. FEI Number **59-3285486**

**/592801937**

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. 189.032,  
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

**David R. Patterson**

82. Street Address (P.O. Box Number is Not Acceptable)

**240-A N. Babcock Street**

83.

84. City

**Melbourne**

85. State

Zip Code

**FL 32935**

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida which 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 obligation of Section 607.02, Florida Statutes.

SIGNATURE

*David R. Patterson*

**DAVID R. PATTERSON**

**1/16/96**

12. OFFICERS AND DIRECTORS

| 1. TITLE | 2. NAME         | 3. STREET ADDRESS | 4. CITY, ST, ZIP    | 5. TITLE                                   | 6. NAME | 7. STREET ADDRESS | 8. CITY, ST, ZIP | 9. TITLE | 10. NAME | 11. STREET ADDRESS | 12. CITY, ST, ZIP | 13. TITLE | 14. NAME | 15. STREET ADDRESS | 16. CITY, ST, ZIP |
|----------|-----------------|-------------------|---------------------|--------------------------------------------|---------|-------------------|------------------|----------|----------|--------------------|-------------------|-----------|----------|--------------------|-------------------|
| DP       | HALL, THOMAS P. | 1134 SARNO ROAD   | MELBOURNE FL        | <input checked="" type="checkbox"/> DELETE |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
| D        | HALL, MARTHA R  | 1134 SARNO RD     | MELBOURNE, FL 00000 | <input checked="" type="checkbox"/> DELETE |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                 |                   |                     | <input type="checkbox"/> DELETE            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME             | 3. STREET ADDRESS      | 4. CITY, ST, ZIP          | 5. TITLE                                                                     | 6. NAME | 7. STREET ADDRESS | 8. CITY, ST, ZIP | 9. TITLE | 10. NAME | 11. STREET ADDRESS | 12. CITY, ST, ZIP | 13. TITLE | 14. NAME | 15. STREET ADDRESS | 16. CITY, ST, ZIP |
|----------|---------------------|------------------------|---------------------------|------------------------------------------------------------------------------|---------|-------------------|------------------|----------|----------|--------------------|-------------------|-----------|----------|--------------------|-------------------|
| PS       | Patterson, David R. | 166 Sea Park Blvd.     | Satellite Beach, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
| VP       | Faigley, Ramona W.  | 1166 Grandeur St. S.E. | Palm Bay, FL 32909        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |
|          |                     |                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |         |                   |                  |          |          |                    |                   |           |          |                    |                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information furnished on this annual report or supplementary 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed from a former firm name to an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID R. PATTERSON**

**1-16-96**

**(407) 752-0077**

CR2E034 (12/95)