

1-22-98 B- 0509 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G44502** (4)
1. Corporation Name
CONSOLIDATED ADJUSTERS OF FLA., INC.

Principal Place of Business 240-A N. BABCOCK ST. MELBOURNE FL 32935 US	Mailing Address 240-A N. BABCOCK ST. MELBOURNE FL 32935 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 277 N. BABCOCK ST. Suite, Apt. #, etc.		2a. Mailing Address 26 277 N. BABCOCK ST. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/20/1983	
22 City & State MELBOURNE, FL Zip 32935 Country		27 City & State MELBOURNE, FL Zip 32935 Country		4. FEI Number 56-3285486 Applied For ☐ Not Applicable	
23		28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**PATTERSON, DAVID R.
240-A N. BABCOCK ST.
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 277 N. BABCOCK ST
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, DAVID R.	1.2 NAME	
STREET ADDRESS	106 SEA PARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	FAIGLEY, RAMONA W.	2.2 NAME	
STREET ADDRESS	1186 GRANDEUR ST., SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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.

SIGNATURE

David R. Patterson

1/22/98 (407) 252-0071

CR2E034 (10/97)