

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K82693 (8)**

1. Corporation Name

PUBLIC ADJUSTERS CLAIM SERVICE, INC.



Principal Place of Business

**310 DIVISION AVENUE
ORMOND BEACH FL 32174
US**

Mailing Address

**P.O. BOX 4203
ORMOND BEACH FL 32175
US**

3. Date Incorporated or Qualified 04/21/1989	3a. Date of Last Report 04/28/1995
4. FEI Number 59-2945830	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

**RAINEY, KEVIN
227 LEXINGTON AVE.
DAYTONA BCH. FL 32114**

10. Name and Address of New Registered Agent

81. Name JANET BELFORE
82. Street Address (P.O. Box Number is Not Acceptable) 310 DIVISION AVE.
83. City, State, Zip ORMOND BEACH FL 32174

11. Pursuant to the provisions of Sections 607.02(4) and 607.15(8), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.02(4), Florida Statutes.

SIGNATURE: *Janet M. Belfore* **JANET BELFORE, PRES.** DATE: **4/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	NAME RAINEY, KEVIN	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 227 LEXINGTON AVE.	CITY, ST, ZIP DAYTONA BCH. FL	2. NAME	
TITLE DVS	NAME BELFORE, JANET	13.1 STREET ADDRESS DPVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 28 OCEAN PALM VILLAS N	CITY, ST, ZIP FLGLER BEACH FL	2.2 NAME	
TITLE	NAME	2.1 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	6.4 CITY, ST, ZIP	

14. I do 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)(k), Florida Statutes. I further certify that the information included on the 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: *Janet M. Belfore* **JANET BELFORE, PRES** DATE: **4/15/96** TELEPHONE: **904-677-1960**

CR2E034 (12/95)