

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77993** (7)

1. Corporation Name

ADVANTAGE INSURANCE SERVICES, INC.

Principal Place of Business

**300 31ST ST. N.
SUITE 218
ST. PETERSBURG FL 33713**

Mailing Address

**300 31ST ST. N.
SUITE 218
ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2883317

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

2. Principal Place of Business

21 300 31ST ST. N. Suite 218

2a. Mailing Address

26 PO Box 11407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG

City & State

28 ST. PETERSBURG

Zip

24 33713

Country

25 FL

Zip

29 33713

Country

30 FL

9. Name and Address of Current Registered Agent

**BUCK, JAMES
300 31ST ST. N.
SUITE 218
ST. PETERSBURG FL 33713**

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 of the registered agent or the corporation if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT**
NAME **BUCK, JAMES L**
STREET ADDRESS **300 31ST ST. N., STE. 218**
CITY - ST - ZIP **ST. PETERSBURG FL 33713**

TITLE **VPS**
NAME **DIRENZO, ANTHONY**
STREET ADDRESS **13478 ANDOVA DR.**
CITY - ST - ZIP **LARGO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE ☒ Change ☐ Addition
2 2 NAME **VPS James Buck**
2 3 STREET ADDRESS **300 31ST ST. N. Suite 218**
2 4 CITY - ST - ZIP **ST. PETERSBURG FL 33713**

3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

James L. Buck 8352598
4/25-95