

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000018321 (8)

1. Corporation Name

OWNERS ADJUSTMENT COMPANY, INC.

Principal Place of Business

1201 HAYS STREET  
TALLAHASSEE FL 32301

Mailing Address

1201 HAYS STREET  
TALLAHASSEE FL 32301-2606

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

03/18/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82

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

1201 Hays Street

83

84

City  
Tallahassee

FL

85

Zip Code  
32301

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

*Karen B. Rozar*

Karen B. Rozar, as its agent

03/18/97

(Signature, typed or printed name of registered agent and "file" if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
ROSSER, MARK A  
STREET ADDRESS  
1201 HAYS ST.  
CITY - ST - ZIP  
TALLAHASSEE FL 32301

TITLE ☐ DELETE

D  
NAME  
Patricia Pizzuto  
STREET ADDRESS  
1201 Hays Street  
CITY - ST - ZIP  
Tallahassee, FL 32301

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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.

FILED

97 FEB 17 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)



2

ACCOUNT NO. : 072100000032  
REFERENCE : 263622 93138A  
AUTHORIZATION : Patricia Pzyto  
COST LIMIT : \$ 165.00

ORDER DATE : February 18, 1997

ORDER TIME : 12:17 PM

ORDER NO. : 263622-005

CUSTOMER NO: 93138A

CUSTOMER:

Owners Adjustment Company,  
Cis Corporation  
1201 Hays Street  
Tallahassee, FL 32301

ANNUAL REPORT FILING

NAME: OWNERS ADJUSTMENT COMPANY, INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
96 FEB 18 PM 1:43  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATE INCS  
TALLAHASSEE FL 32302