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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P93000036042 (8) **DOCUMENT #** 1. Corporation Name

ADVISORS INSURANCE CONSULTING, INC.

Frincipal Place of Business Mailing Address 3812 WREN LANE 3812 WREN LANE ORLANDO FL 32803 ORLANDO FL 32803					•					
							3. Date Incorporated or Qualified 05/17/1993	3a. D	ate of Last R 02/28/1	
h i '	ace of Business	2a. Mailing Address					4, FEI Number 59-3187445		⊢ →	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08 0 101440			Not Applicable	
22		27					5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be	
23]		28 Zip Cou			,		Trust Fund Contribution	Added to Fees		
24 25		29 30		Ouritry	On to y		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒No			
	Name and Address of Current	it Registered Agent	···				10. Name and Address of New	Registere	d Agent	
				81	N	lame				
	RSON, RICHARD E			82	s	treet Addre	Address (P.O. Box Number is Not Acceptable)			
l	VREN LANE IDO FL 32803			83						
OILD	100 1 € 02000									
				84	c	iity		F	L 85 Zi	ip Code
SIGNATURE _	ed agent, or both, in the State of Floric th, and accept the obligations of, Sect Squative typed or proted name of registres agent OFFICERS AN	and Meir applicable D DIRECTORS	(NOTE Registe	red Agen			when reinstating: ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	·
II'LE	D - P Batterson, Richard E	☐ D€LET		1 TITLE					Change	Addition Addition
NAME STREET ADDRESS	3812 WREN LANE	· ·		1.2 NAME 1.3 STREET ADDRESS		25500				
CITY - ST ZIP	ORLANDO FL 32803		1	s Sincei 4 City - S						
THEF		DELET		1 TITLE		····			☐ Change	Addition
NAME			2.2	2 NAME		ļ				
STREET ADDRESS				STREET						
CHY SI-ZIP THEE		☐ DELFT		4 CHTY - S 1 TITLE	ST - Z	IP			Chicae	- Addition
NAMI			,	2 NAME					☐ Change	Addition
STREET ADDRESS				STREET	T AD	DRESS				
CHEY-ST ZIE			3 4	CITY-S	ST - ZI	IP				
101.6		□ DELF1		1 THTLE					☐ Change	Addition
NAMI Source Laborator				2 NAME						
STREET ADDRESS CITY+ST-ZIF				STREET		1				
1H,F				1 TITLE	CITY-ST-ZIP 1 TITLE		·		☐ Change	Addition
NAME				2 NAME						_
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CUTY - ST - ZIP				4 CITY - S	ST- Z	IP .				
THE		☐ DELE	6	1 TITLE					☐ Change	Addition
NAME			62	2 NAME						
STREET ADDRESS			6	3 STREFT	ADI	ORESS				
CITY - ST - ZIP			6 4	4 CITY - S	ST- Z	IP.				

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 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:

19-96 401-894-1786
Date Dayline Phone #