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FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000013288 (2)

1. Corporation Name

~~THE ALTIERI-MOORE ADJUSTMENT COMPANY~~

New Name: *TRANSAMERICAN Claims Corporation*

Principal Place of Business

9802A GUNN HWY
SUITE 805
TAMPA FL 33624
US

Mailing Address

3802A GUNN HWY
SUITE 805
TAMPA FL 33624-4720
US

2. Principal Place of Business

21 3750 Gunn Hwy. #3E

Suite, Apt. #, etc.

22 Suite 3E

City & State

23 Tampa, FL

24 33624

Country

25

2a. Mailing Address

26 3750 Gunn Hwy

Suite, Apt. #, etc.

27 Suite 3E

City & State

28 Tampa, FL

Zip

29 33624

Country

30

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

03/06/1996

4. FEI Number

59-3294712

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

9. Name and Address of Current Registered Agent

MOORE, DAVID E
8849 N. HIMES AVE.
SUITE 305
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

3412 Cypress Head Court

83

84 City

Tampa, FL

FL

85 Zip Code

33618

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DCST
ALTIERI, RAYMOND A
14106 KNOTTINGSLEY PLACE
TAMPA FL 33624

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MOORE, DAVID E
8849 N. HIMES AVE., STE. 305
TAMPA FL 33614

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

3412 Cypress Head Court
Tampa, FL 33618

800002165528

-05/05/97--01025--046

***165.00

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 in an attachment with an address.

SIGNATURE: *[Signature]* U-114-97 YPR-911-3811

CR2E034 (9/96)