

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$975)**

APPROVED
AND
FILED

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PROFIT CORPORATION ANNUAL REPORT 1995



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

95 JUL -7 AM 11: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S40285** (6)

1. Corporation Name
INSURANCE SOFTWARE PACKAGES, INC.

Principal Place of Business Mailing Address
3611 QUEEN PALM DR TAMPA FL 33619 **3611 QUEEN PALM DR TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/25/1991	3a. Date of Last Report 04/21/1994
4. FEI Number 59-3090233	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
A. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent
**REDMOND
REOMONO, DAVID L
3611 QUEEN PALM DRIVE
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	HARRELL, CECIL S
STREET ADDRESS	3611 QUEEN PALM DR
CITY, ST, ZIP	TAMPA FL
TITLE	V
NAME	CANNON, GEORGE
STREET ADDRESS	3611 QUEEN PALM DR
CITY, ST, ZIP	TAMPA FL
TITLE	DP
NAME	MARTIN, BERTRAM T JR
STREET ADDRESS	3611 UEEEN PALM DR
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	CAMPBELL, DAVID N
STREET ADDRESS	3611 QUEEN PALM DR
CITY, ST, ZIP	TAMPA FL
TITLE	VST
NAME	REDMOND, DAVID L
STREET ADDRESS	3611 QUEEN PALM DR
CITY, ST, ZIP	TAMPA FL
TITLE	V
NAME	GERLACH, GERALD R
STREET ADDRESS	3611 QUEEN PALM DR
CITY, ST, ZIP	TAMPA FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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: *David L Redmond* **6/19/95** **813/626-7708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E034 (3/95)

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INSURANCE SOFTWARE PACKAGES, INC.
F.E.I. #59-3090233

STATEMENT ATTACHED TO AND MADE PART OF
FLORIDA CORPORATION ANNUAL REPORT
1995

OFFICERS AND DIRECTORS CONTINUED:

TITLE: D
NAME: HOLT, W. SEYMOUR
ADDRESS: 3611 QUEEN PALM DRIVE
CITY-ST-ZIP: TAMPA, FLORIDA 33619

TITLE: D
NAME: FRUITT, PETER T.
ADDRESS: 3611 QUEEN PALM DRIVE
CITY-ST-ZIP: TAMPA, FLORIDA 33619