FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **223025** **(8)**

1. Corporation Name

LOMAS INSURANCE SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1420 VICEROY DALLAS TX 75235	1420 VICEROY DALLAS TX 75235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1959**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **13-1957194** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
(Address typed or printed name of registered agent and title if applicable) (FEI# Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	CEO, CHAIRMAN, D.	☐ Change ☐ Addition
NAME	~~HARRIS, NED~~	12 NAME	ERIC BOOTH	
STREET ADDRESS	1420 VICEROY	13 STREET ADDRESS	1600 VICEROY	
CITY ST ZIP	DALLAS, TX 0	14 CITY ST ZIP	DALLAS TEXAS 75295	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	CROWSON, JAMES L	22 NAME		
STREET ADDRESS	1600 VICEROY	23 STREET ADDRESS		
CITY ST ZIP	DALLAS, TX 0	24 CITY ST ZIP		
TITLE	T	31 TITLE	TREASURER	☑ Change ☐ Addition
NAME	~~BYERLEY, JR., ROBERT E.~~	32 NAME	ROBERT DENTON	
STREET ADDRESS	1600 VICEROY	33 STREET ADDRESS	1600 VICEROY	
CITY ST ZIP	DALLAS TX	34 CITY ST ZIP	DALLAS TEXAS 75295	
TITLE	D	41 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	~~HAY, JESS~~	42 NAME	CARY WHITE	
STREET ADDRESS	1600 VICEROY	43 STREET ADDRESS	1600 VICEROY	
CITY ST ZIP	DALLAS TX	44 CITY ST ZIP	DALLAS TEXAS 75295	
TITLE	SVP	51 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	ROOFNER, M. ROBERT	52 NAME	STEVEN SCARBROUGH	
STREET ADDRESS	1600 VICEROY	53 STREET ADDRESS	1600 VICEROY	
CITY ST ZIP	DALLAS TX	54 CITY ST ZIP	DALLAS TEXAS 75295	
TITLE	SVP	61 TITLE		☐ Change ☐ Addition
NAME	BARNES, JANET	62 NAME		
STREET ADDRESS	1600 VICEROY	63 STREET ADDRESS		
CITY ST ZIP	DALLAS TX	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)(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 added on an attachment with an address.

SIGNATURE: Steven Scarbrough STEVEN SCARBROUGH 4/27/95 DALLAS 75247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302631 CP