

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 223025 (8)

1. Corporation Name

LOMAS INSURANCE SERVICES OF FLORIDA, INC.



Principal Place of Business

1420 VICEROY
DALLAS TX 75235

Mailing Address

1420 VICEROY
DALLAS TX 75235

3. Date Incorporated or Qualified

04/27/1959

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 s. 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

Signature typed or printed name of registered agent or director

NAME Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
BOOTH, ERIC
1600 VICEROY
DALLAS, TX 0

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
CROWSON, JAMES L
1600 VICEROY
DALLAS, TX 0

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
DENTON, ROBERT
1600 VICEROY
DALLAS TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WHITE, GARY
1600 VICEROY
DALLAS TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SCAERBROUGH, STEVEN
1600 VICEROY
DALLAS TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVP
BARNES, JANET
1600 VICEROY
DALLAS TX

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

SD
LOUIS P. GREGORY
1600 VICEROY
DALLAS TX 75235

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 supplement 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:

STEVEN SCAERBROUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/25/96 2:4-879 7m
Daytime Phone #

CR2E034 (12/95)