

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 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 # 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 75235-2208**

3. Date Incorporated or Qualified **04/27/1959** 3a. Date of Last Report **05/01/1996**

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

2. Principal Place of Business
21 **717 N. Harwood**

2a. Mailing Address
26 **717 N. Harwood**

Suite, Apt. #, etc.
22 **Suite 1800**

Suite, Apt. #, etc.
27 **Suite 1800**

City & State
23 **Dallas, TX**

City & State
28 **Dallas, TX**

Zip Country
24 **75201 Dallas**

Zip Country
29 **75201 Dallas**

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BOOTH, ERIC	
STREET ADDRESS	1600 VICEROY	
CITY-ST-ZIP	DALLAS, TX 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREGORY, LUIS P	
STREET ADDRESS	1600 VICEROY	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DENTON, ROBERT	
STREET ADDRESS	1600 VICEROY	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, GARY	
STREET ADDRESS	1600 VICEROY	
CITY-ST-ZIP	DALLAS TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCAERBROUGH, STEVEN	
STREET ADDRESS	1600 VICEROY	
CITY-ST-ZIP	DALLAS TX	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, JANET	
STREET ADDRESS	1600 VICEROY	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	717 N. Harwood, Suite 1800
1.4 CITY-ST-ZIP	75201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Senior Vice Pres & Secy
2.3 STREET ADDRESS	717 N. Harwood, Suite 1800
2.4 CITY-ST-ZIP	75201
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Senior Vice Pres & Control
4.3 STREET ADDRESS	717 N. Harwood, Suite 1800
4.4 CITY-ST-ZIP	75201
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)