

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 # 368682 (1)  
1. Corporation Name  
INDEPENDENT SERVICE COMPANY



Principal Place of Business Mailing Address  
ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276  
ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276

3. Date Incorporated or Qualified 08/17/1970 3a. Date of Last Report 04/26/1995  
4. FEI Number 59-1301932 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

STATE TREASURER & INSURANCE COMM  
THE CAPITOL  
TALLAHASSEE FL 32304

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 (last initial and surname)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTIG, JOHN J.	1.2 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	CPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAITZ, SR., J DAVID	2.2 NAME	D'Agostino, James S., Jr.
STREET ADDRESS	ONE INDEPENDENT DR	2.3 STREET ADDRESS	American General Center
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	Nashville, TN 37250
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, W. C	3.2 NAME	Kelley, Joe
STREET ADDRESS	ONE INDEPENDENT DRIVE	3.3 STREET ADDRESS	One Independent Drive
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP	Jacksonville, FL 32276
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Barrett, Kent E.
STREET ADDRESS		4.3 STREET ADDRESS	American General Center
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Nashville, TN 37250
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/16/96

(615)749-1756

CR2E034 (12/95)