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Apr 21 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 # **376930** **(4)**

1. Corporation Name
FINANCIAL INSTITUTION INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1642 NORTH VOLUSIA AVE. STE. 202 ORANGE CITY FL 32763 US	1642 NORTH VOLUSIA AVE. STE. 202 ORANGE CITY FL 32763-3650 US

3. Date Incorporated or Qualified: 02/10/1971
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-1378214 ☐ 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

BORGLUM, KURT R P.A.
388 EAST GRAVES AVE.
~~STE. B~~
ORANGE ~~CITY~~ FL 32763

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 884 W. Charing Cross Circle
83
84 City Lake Mary FL 85 Zip Code 32746

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, LISA		1.2 NAME	
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUEDISUELI, JACK		2.2 NAME	
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDEFER, KATHLEEN		3.2 NAME	
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PRICE-YOUNGBERG, SUSAN		4.2 NAME	
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		4.4 CITY-ST-ZIP	
TITLE	DAS	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAY, TERESA		5.2 NAME	
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		5.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOHR, PATRICE		6.2 NAME	
STREET ADDRESS	1642 NORTH VOLUSIA AVE. STE 202		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 REQUIRED Lisa A. Cooper 4/10/97 904-774-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070275