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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 390459

1. Corporation Name

(6)

COMBINED INSURANCE SERVICES, INC.

FILED Feb 10 1997 8:00am Secretary of State



Original Dise	of Divolations								•
Principa! Place of 2801 SW COLLEG			ling Address BOX 2438						
#6 OCALA FL 34474 US		OCA	OCALA FL 34478-2438 US						
		US				3. Date Incorporated or Qualified 10/27/1971 3a. Date of Last Report 01/25/1996		Report	
2 53 15-	7.6					10/27/1971	01/2	<del></del>	
2. Principal Plac	ICE Of Business	}¬	Mailing Address			4. FEI Number 59-1364026			pplied For
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			_ 0			ot Applicable Additional
2	, 0.0.	27	3010, Apr. #, CIO.			5. Certificate of Status Desired			equired
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be
3	_	28				Trust Fund Contribution			to Fees
Zip	Country		Zip	Cour	ntry	8. This corporation has liability for			3. 199.032,
4	25	29		[30]			Yes [		
	9. Name and Address	of Current Registe	red Agent		81 Name	10. Name and Address of New Re	gistered A	lgent	
	OR, ROBERT E.	T 4			Name				
	SW COLLEGE RD, ST	E 6			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
UUAL	A FL 34474			-	83				
				ļ					
					84 City		EI	<b>85</b> Zip	Code
44 Purcuant to	the provisions of Section	s 607 0502 and 60	7 1508 Florida State	utes the ah	love-named co	rporation submits this statement for the p	TL ouroose of	changing i	ite regietaren
office or reg	gistered agent, or both, in	nthe State of Florida	<ul> <li>Such change was</li> </ul>	authorized	by the corpora	ation's board of directors. I hereby accep	pt the appo	ointment as	registered
•	familiar with, and accept	titie obligations of,	Section burleses, r	Tonda State	iles.				
SIGNATURE	Ignature, typed or printed name of a	registored agent and title if	applicable (NC	TE Registered	Agent signature requ	uired when reinstating)	DATE		
Sig	Ignature, typed or printed name of o	egistored agent and title if CERS AND DIRECT		TE Hegislered	Agent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
12. TITLE	P							DIRECTOI	
12. TITLE	P TAYLOR, ROBERT E	CERS AND DIRECT	ORS	13.	LE			_	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, ROBERT E 2801 SW COLLEGE F OCALA, FL 00000	CERS AND DIRECT	ORS DELFTE	13. 1.1 TH 1.2 NAI 1.3 STA	LE ME			_	Addition
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