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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 390459 1. Corporation Name

COMBINED INSURANCE SERVICES, INC.

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90026 012 ***150.00



Principal Place of Business Mailing Address 2801 SW COLLEGE ROAD #6 P.O. BOX 2438 OCALA FL 34478 OCALA FL 34474 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed .10/27/.1971 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1364026 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, ROBERT E. 2801 SW COLLEGE RD. STE 6 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34474** 83 84 City 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 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition TAYLOR, ROBERT E NAME 1.2 NAME STREET ADDRESS 2801 SW COLLEGE RD, #6 1.3 STREET ADDRESS OCALA, FL 00000 OTTY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Addition Change SPIRES, GALE NAME 2.2 NAME 2801 SW COLLEGE RD. SUITE #6 STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition VAME 3.2 NAME STREET ADORESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TILE ☐ DELETE 41 TITLE Change Addition IAME 4. 2 NAME TREET ADDRESS 4.3 STREET ADDRESS TTY-ST-ZIP 4.4 CITY-ST-ZIP πE DELETE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change Addition AME 6.2 NAME

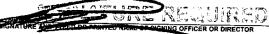
6.4 CITY-ST-ZIP 4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

TREET ADDRESS

TY-ST-ZIP



CR2E034 (11/98)