

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 405067 (0)

1. Corporation Name  
**NEIGHBORHOOD INSURANCE SERVICES, INC.**



Principal Place of Business  
**14039 N. DALE MABRY  
TAMPA FL 33613**

Mailing Address  
**14039 N. DALE MABRY  
TAMPA FL 33613**

2. Principal Place of Business  
 **13311 Winding Oak Ct.**  
Subs. Apt. #, etc.  
 **A**  
City & State  
 **Tampa, FL**  
Zip  
 **33612**  
Country  
 **Hillsborough**

2a. Mailing Address  
 **P O Box 274044**  
Subs. Apt. #, etc.  
27  
City & State  
 **Tampa, FL**  
Zip  
 **33688**  
Country  
 **Hillsborough**

3. Date Incorporated or Qualified  
**07/18/1972**

3a. Date of Last Report  
**03/13/1995**

4. FEI Number  
**59-1419595**

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

10. Name and Address of New Registered Agent

**DITTMAN, STEVEN G  
12178 S. HEWITT PT  
FLORAL CITY FL 34426**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named in registration statement

(NOTE: Registered Agent signature applies when used on a)

DATE

**4-4-96**

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD  
DITTMAN, STEVEN G**

STREET ADDRESS **12178 S. HEWITT PT.  
FLORAL CITY FL**

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE  Change  Addition

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE  Change  Addition

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE  Change  Addition

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE  Change  Addition

18. NAME

19. STREET ADDRESS

20. CITY- ST- 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Steven G Dittman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-96**

**935-1561**  
OFFICE PHONE #

CR2E034 (12/95)