

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION . ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 555462 (1)
1. Corporation Name
SERVICE INSURANCE COMPANY



Principal Place of Business 1401 8TH AVE WEST BRADENTON FL 34205 US	Mailing Address P.O. BOX 9729 BRADENTON FL 34206-9729 US
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3. Date Incorporated or Qualified 12/16/1977	3a. Date of Last Report 02/27/1996
4. FEI Number 59-1786118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**CRUIKSHANK, DAVID C
1401 8TH AVE WEST
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

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

SIGNATURE David C. CruiKshank DATE 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE OGILBY, JOHN J 403 N 31ST ST W BRADENTON, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE MORRISH, JAMES (DR.) 6116 WILLOW OAK CIRCLE BRADENTON, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> DELETE WEICHEL, JOHN A 4401 RIVERVIEW BLVD BRADENTON, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/T <input type="checkbox"/> DELETE CRUIKSHANK, DAVID C. 4716 18TH AVE. W. BRADENTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE KEETON, WILLIAM 5217 6TH AVE DR. W. BRADENTON, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> DELETE RUSSOMANNO, THOMAS P 8410 CYPRESS HOLLOW DRIVE SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O/S WAAG, ROSETTA
5.3 STREET ADDRESS	5928 Doral Dr.
5.4 CITY-ST-ZIP	Sarasota, FL 34243
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002198734
6.3 STREET ADDRESS	-06/03/97--01003--015
6.4 CITY-ST-ZIP	***695.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, 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.

CR2E034 (9/96)

Handwritten: 6-11-97