

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CRUIKSHANK, DAVID C
1401 8TH AVE WEST
BRADENTON FL 34205

3. Date Incorporated or Qualified

12/16/1977

3a. Date of Last Report

02/27/1996

4. FEI Number

59-1786118

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME OGILBY, JOHN J
STREET ADDRESS 403 N 31ST ST W
CITY-ST-ZIP BRADENTON, FL 00000

TITLE D ☒ DELETE
NAME MORRISH, JAMES (DR.)
STREET ADDRESS 6116 WILLOW OAK CIRCLE
CITY-ST-ZIP BRADENTON, FL 00000

TITLE CD ☐ DELETE
NAME WEICHEL, JOHN A
STREET ADDRESS 4401 RIVERVIEW BLVD
CITY-ST-ZIP BRADENTON, FL 00000

TITLE PD/T ☐ DELETE
NAME CRUIKSHANK, DAVID C.
STREET ADDRESS 4716 18TH AVE. W.
CITY-ST-ZIP BRADENTON FL

TITLE D ☒ DELETE
NAME KEETON, WILLIAM
STREET ADDRESS 5217 8TH AVE DR. W.
CITY-ST-ZIP BRADENTON, FL 00000

TITLE T ☒ DELETE
NAME RUSSOMANNO, THOMAS P
STREET ADDRESS 8410 CYPRESS HOLLOW DRIVE
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME O/S
5.3 STREET ADDRESS WAAG, ROSETTA
5.4 CITY-ST-ZIP 5928 Doral Dr.
Sarasota, FL 34243

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 400002198734
6.4 CITY-ST-ZIP -06/03/97--01003--015
***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.

SIGNATURE

David C. CruiKshank

4/29/97



FILED
Jun 11 1997 8:00am
Secretary of State

CR2E034 (9/96)