FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 606113 (9)

1. Corporation Name
DEALERS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
5700 MEMORIAL HWY. S-111. TAMPA. 33615 POST OFFICE BOX 261147 TAMPA FL 33685	5700 MEMORIAL HWY. S-111. TAMPA. 33615 POST OFFICE BOX 261147 TAMPA FL 33685

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1979
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1884703 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'BLANDER, LARRY A 5700 MEMORIAL HIGHWAY → TAMPA FL 33615	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5700 Memorial Hwy., Suite 111 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	☒ Change	☐ Addition
NAME	DEANE, ELLEN	1.2 NAME		
STREET ADDRESS	3109 EHRLICH RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	ZIP - 33618	
TITLE	PTD	2.1 TITLE	☒ Change	☐ Addition
NAME	O'BLANDER, LARRY A	2.2 NAME		
STREET ADDRESS	5700 MEMORIAL HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	ZIP - 33615	
TITLE	VP	3.1 TITLE	☒ Change	☐ Addition
NAME	TOMECKO, JOSEPH L.	3.2 NAME		
STREET ADDRESS	1605 SHADY LEAF DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	ZIP- 33594	
TITLE	~~VP~~	4.1 TITLE	☒ Change	☐ Addition
NAME	~~PHILLIPS, JOHN B.~~	4.2 NAME	REMOVE (DECEASED)	
STREET ADDRESS	~~4719 SOAPSTONE DRIVE~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 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: LARRY A. O'BLANDER / Larry A O'Blander 4-18-95 (813) 884-6492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D44701 FF