

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 621663 (4)**

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



Principal Place of Business: **6624 MERRILL ROAD P.O. BOX 11869 JACKSONVILLE FL 32239-1869**  
Mailing Address: **6624 MERRILL ROAD P.O. BOX 11869 JACKSONVILLE FL 32239-1869**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **05/15/1979**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1926432**  
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

9. Name and Address of Current Registered Agent  
**DULANEY, HARLEY K.  
6624 MERRILL ROAD  
JACKSONVILLE FL 32211**

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 607.067 and 607.068, 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 607.067, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
12. OFFICERS AND DIRECTORS: [ ] DELETE  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: [ ] Change [ ] Addition

TITLE	PTD	[ ] DELETE	1. TITLE		[ ] Change [ ] Addition
NAME	DULANEY, HARLEY K.		2. NAME		
STREET ADDRESS	6624 MERRILL ROAD		3. STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		4. CITY, ST, ZIP		[ ] Change [ ] Addition
TITLE	VSD	[ ] DELETE	5. TITLE		[ ] Change [ ] Addition
NAME	DULANEY, JOANNE S.		6. NAME		
STREET ADDRESS	6624 MERRILL ROAD		7. STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		8. CITY, ST, ZIP		[ ] Change [ ] Addition
TITLE	VD	[ ] DELETE	9. TITLE		[ ] Change [ ] Addition
NAME	DULANEY, HARLEY III		10. NAME		
STREET ADDRESS	6624 MERRILL ROAD		11. STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		12. CITY, ST, ZIP		[ ] Change [ ] Addition
TITLE	D	[ ] DELETE	13. TITLE		[ ] Change [ ] Addition
NAME	HOSFORD, MELANIE D.		14. NAME		
STREET ADDRESS	6624 MERRILL ROAD		15. STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		16. CITY, ST, ZIP		[ ] Change [ ] Addition
TITLE		[ ] DELETE	17. TITLE		[ ] Change [ ] Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY, ST, ZIP			20. CITY, ST, ZIP		[ ] Change [ ] Addition

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 resident or trustee empowered to execute this report as required by Chapter 612, Florida Statutes, and that my name appears in Book 12 or Book 13 of the records of the corporation or an agreement with an address.

SIGNATURE: *Harley K. Dulaney III* CFO HARLEY K. DULANEY III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)