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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 05/15/1979	3a. Date of Last Report 04/01/1996
4. FEI Number 59-1926432	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 DULANEY, HARLEY K III
82	Street Address (P.O. Box Number is Not Acceptable) 6624 MERRILL RD
83	
84	City JACKSONVILLE
85	Zip Code FL 32211

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 *[Signature]* **HARLEY K. DULANEY III, VP** DATE **04/25/1997**

12. OFFICERS AND DIRECTORS DELETE **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12** Change Addition

TITLE PTD	NAME DULANEY, HARLEY K.	STREET ADDRESS 6624 MERRILL ROAD	CITY-ST-ZIP JACKSONVILLE FL	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PD	STREET ADDRESS HOSFORD, MELANIE D	CITY-ST-ZIP 6624 MERRILL RD JACKSONVILLE FL 32211
TITLE VSD	NAME DULANEY, JOANNE S.	STREET ADDRESS 6624 MERRILL ROAD	CITY-ST-ZIP JACKSONVILLE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE VD	NAME DULANEY, HARLEY III	STREET ADDRESS 6624 MERRILL ROAD	CITY-ST-ZIP JACKSONVILLE FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME DULANEY, HARLEY K III	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME HOSFORD, MELANIE D.	STREET ADDRESS 6624 MERRILL ROAD	CITY-ST-ZIP JACKSONVILLE FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 *[Signature]* **HARLEY K. DULANEY III, VP** DATE **04/25/1997**

CRE034 (9/96)