

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 23 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 622543 (7)
1. Corporation Name
AMERICAN DIVERSIFIED INSURANCE SERVICES, INC.

Principal Place of Business: **600 BYPASS DR #205 CLEARWATER FL 34624**
Mailing Address: **600 BYPASS DR #205 CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/16/1979	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1923274	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANCIS, GEORGE W 800 N KALENABROOK ST TAMPA FL 33617				81 Name	JOHN L. MALONEY, ESQ.		
				82 Street Address (P.O. Box Number is Not Acceptable)	5335 66TH STREET NORTH		
				83	SUITE 4		
				84 City	85 Zip Code	ST. PETERSBURG FL 33709	

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: John L. Maloney (Signature, typed or printed name of registered agent and title, if applicable) John L. Maloney (NOTE: The current agent signature is required when terminating) DATE: 4/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKELL, RAY R.	1.2 NAME	
STREET ADDRESS	6727 TWELVE OAKS BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33634	1.4 CITY - ST - ZIP	
TITLE	SR	2.1 TITLE	V-P/S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, GEORGE W	2.2 NAME	HASKELL, SUSIE
STREET ADDRESS	800 N KALENABROOK ST	2.3 STREET ADDRESS	6727 TWELVE OAKS BLVD
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	TAMPA, FL 33634
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 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: Ray R. Haskell (Signature, typed or printed name of signing officer or director) DATE: 1/30/95 (Date)