

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 689718 (5)

1. Corporation Name

JIM WALTER INSURANCE SERVICES, INC.



Principal Place of Business

1500 N DALE MABRY
PO BOX 31601
TAMPA FL 33631-3601

Mailing Address

1500 N DALE MABRY
PO BOX 31601
TAMPA FL 33631-3601

3. Date Incorporated or Qualified
09/30/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2184087

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SNYDER, DANA
STREET ADDRESS 1500 NO. DALE MABRY
CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ DELETE
NAME WALTER, J.W.
STREET ADDRESS 1500 NO. DALE MABRY
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS HYATT, K. E.
2.4 CITY-ST-ZIP 1500 NO. DALE MABRY
TAMPA, FL

TITLE DV ☒ DELETE
NAME MATLOCK, K.J.
STREET ADDRESS 1500 N DALE MABRY
CITY-ST-ZIP TAMPA FL

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

TITLE VP ☐ DELETE
NAME VOSS, L.M.
STREET ADDRESS 1500 N DALE MABRY
CITY-ST-ZIP TAMPA FL

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

TITLE VP ☐ DELETE
NAME WELDON, W.H.
STREET ADDRESS 1500 N DALE MABRY
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D/VP
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TAS ☐ DELETE
NAME BAKER, W.K.
STREET ADDRESS 1500 N DALE MABRY
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.K. BAKER, TREAS. & ASS'T SEC'TY 4/26/96 813-871-4171

Date

Daytime Phone #

CR2E034 (12/95)