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Feb 27 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 # 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

05/01/1996

4. FEI Number

59-2184087

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE D ☐ DELETE  
NAME HYATT, K. E  
STREET ADDRESS 1500 NO DALE MABRY  
CITY - ST - ZIP TAMPA FL

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☒ Addition  
42 NAME DVPT  
43 STREET ADDRESS FJELSTUL, DEAN M.  
44 CITY - ST - ZIP 1500 N.DALE MABRY HWY.  
TAMPA, FL 33607

51 TITLE ☐ Change ☒ Addition  
52 NAME S  
53 STREET ADDRESS PORTER, EDWARD A.  
54 CITY - ST - ZIP 1500 N.DALE MABRY HWY.  
TAMPA, FL 33607

61 TITLE ☐ Change ☒ Addition  
62 NAME AT  
63 STREET ADDRESS EISCH, CYNTHIA B.  
64 CITY - ST - ZIP 1500 N.DALE MABRY HWY.  
TAMPA, FL 33607

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 of this report or in an attachment with an address.

SIGNATURE: By *[Signature]*  
JIM WALTER INSURANCE SERVICES, INC.  
Asst. Treasurer

2-21-97

(813) 871-4273

Date Daytime Phone #

CR2E034 (9/96)

January 15, 1997

**JIM WALTER INSURANCE SERVICES, INC.**  
1500 North Dale Mabry Highway  
Tampa, Florida 33607

**MAILING ADDRESS**

P. O. Box 31601  
Tampa, Florida 33631-3601

(Subsidiary of Best Insurors, Inc.)

Employer Identification Number 59-2184087

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**DIRECTORS:**

Richard E. Almy  
Dean M. Fjelstul  
Kenneth E. Hyatt

**OFFICERS:**

Dana A. Snyder  
Dean M. Fjelstul  
Donald M. Kurucz  
Lee M. Voss  
Edward A. Porter  
Mary C. Snow  
Cynthia B. Eisch  
Stephen H. Foxworth

**TITLE:**

President  
Vice President and Treasurer  
Vice President  
Vice President  
Secretary  
Assistant Secretary  
Assistant Treasurer  
Assistant Treasurer

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Incorporated in Florida September 30, 1980.

Registered Agent:

C T Corporation System  
1200 So. Pine Island Road  
Plantation, Florida 33324