

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 11 2:27

SEMINOLE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F49536** (8)

1. Corporation Name

CORPORATE INSURANCE PLANNING COMPANY

Principal Place of Business

Mailing Address

601 BAYSHORE BLVD. SUITE 900
P. O. BOX 556
TAMPA FL 33601

601 BAYSHORE BLVD. SUITE 900
P. O. BOX 556
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/01/1981

3a. Date of Last Report
04/26/1994

4. FEI Number
59-2129834

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, RICK
101 E KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

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 607.15-08, 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 of Registered Agent (if not the same as the corporation's name)

Signature of Registered Agent (if not the same as the corporation's name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. NAME PS THOMAS, GUY R 601 BAYSHORE BLVD, S900 TAMPA FL
2. NAME CT MOORE, RONALD W. 101 E KENNEDY BLVD. TAMPA FL
3. NAME STREET ADDRESS CITY, ST, ZIP
4. NAME STREET ADDRESS CITY, ST, ZIP
5. NAME STREET ADDRESS CITY, ST, ZIP
6. NAME STREET ADDRESS CITY, ST, ZIP
7. NAME STREET ADDRESS CITY, ST, ZIP
8. NAME STREET ADDRESS CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
5. NAME ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition
7. NAME ☐ Change ☐ Addition
8. NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 form, or on any attachment, with an address.

SIGNATURE:

Signature and Title of Officer or Director