

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 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 # F61344			
1. Corporation Name INSURANCE ADMINISTRATORS, INC.			
Principal Place of Business 314 Avenue K S. E. Winter Haven, FL 33880		Mailing Address P. O. Box 9079 Winter Haven, FL 33883-9079	
2. Principal Place of Business		3. Date Incorporated or Qualified 01/07/1982	
21. Subst. Apt. #, etc.		3a. Date of Last Report 04/10/96	
22. City & State		4. FEI Number 58-1350196	
23. Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
26. Subst. Apt. #, etc.		9. Name and Address of Current Registered Agent Maulden, D. F. 5 Cypress Cove Winter Haven, FL 33884	
27. City & State		10. Name and Address of New Registered Agent	
28. Zip		81. Name	
29. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
30. Country		83.	
31. City		84. City	
32. Zip		85. Zip Code	
33. Country		86. State	
11. I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent 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 of the corporation and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ DATE: _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
400002157994 -04/29/97--01042--047 ***165.00			
14. I, the undersigned, 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 and data 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 a duly authorized 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: Carolyn McLendon 4-10-97 941-293-4147			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)