

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F80284 (5)

1. Corporation Name

NATIONAL INSURANCE SERVICES, INC.



Principal Place of Business

3629 QUEEN PALM DRIVE
P.O. BOX 30324
TAMPA FL 33630-0324

Mailing Address

3629 QUEEN PALM DRIVE
P.O. BOX 30324
TAMPA FL 33630-0324

3. Date Incorporated or Qualified
05/07/1982

3a. Date of Last Report
01/31/1995

4. FEI Number

59-2269049

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FOSSI, JR. P
3629 QUEEN PALM DRIVE
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

WHITAKER, DANIEL D.

82 Street Address (P.O. Box Number is Not Acceptable)

100 SOUTH ASHLEY DRIVE

83

SUITE 1190

84

CITY TAMPA,

FL

85 Zip Code
33602

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]

DANIEL D. WHITAKER, ESQ.

APRIL 29, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BUMPAS, STEVENS M
STREET ADDRESS 601 POYDRAS STR
CITY- ST- ZIP NEW ORLEANS LA ☐ DELETE

TITLE VAS
NAME FLYNN, JUDITH L.
STREET ADDRESS 3629 QUEEN PALM DRIVE
CITY- ST- ZIP TAMPA FL ☐ DELETE

TITLE P
NAME FOSSI, PETER
STREET ADDRESS 3629 QUEEN PALM DRIVE
CITY- ST- ZIP TAMPA FL ☒ DELETE

TITLE S
NAME TUMMINELLO, THEODORE
STREET ADDRESS 601 POYDRAS ST
CITY- ST- ZIP NEW ORLEANS LA ☐ DELETE

TITLE D
NAME ROBERTS, JOHN K. JR.
STREET ADDRESS 601 POYDRAS ST
CITY- ST- ZIP NEW ORLEANS LA ☐ DELETE

TITLE D
NAME LEBLANC, SIDNEY A
STREET ADDRESS 601 POYDRAS STR
CITY- ST- ZIP NEW ORLEANS LA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

☒ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH L. FLYNN, ASST. CORP. SECRETARY

APRIL 29, 1996

Day

813-626-6111

Daytime Phone #

CR2E034 (12/95)