

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F80284** (5)  
1. Corporation Name  
**NATIONAL INSURANCE SERVICES, INC.**



Principal Place of Business <b>3629 QUEEN PALM DRIVE P.O. BOX 30324 TAMPA FL 33630-0324</b>	Mailing Address <b>3629 QUEEN PALM DRIVE P.O. BOX 30324 TAMPA FL 33630-3324</b>
--	--

3. Date Incorporated or Qualified <b>05/07/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2269049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent <b>WHTAKER, DANIEL D 100 SOUTH ASHLEY DRIVE SUITE 1190 TAMPA FL 33602</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BUMPAS, STEVENS M</b>
STREET ADDRESS	<b>601 POYDRAS STR</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE
NAME	<b>FLYNN, JUDITH L.</b>
STREET ADDRESS	<b>3629 QUEEN PALM DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BUMPAS, STEVENS M</b>
STREET ADDRESS	<b>3629 QUEEN PALM DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TUMMINELLO, THEODORE</b>
STREET ADDRESS	<b>601 POYDRAS ST</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERTS, JOHN K. JR.</b>
STREET ADDRESS	<b>601 POYDRAS ST</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEBLANC, SIDNEY A</b>
STREET ADDRESS	<b>601 POYDRAS STR</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>HAROLD J. RYAN</b>
13 STREET ADDRESS	<b>3629 QUEEN PALM DRIVE</b>
14 CITY-ST-ZIP	<b>TAMPA, FL 33619</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>RONALD MACINNIS</b>
33 STREET ADDRESS	<b>601 POYDRAS STREET</b>
34 CITY-ST-ZIP	<b>NEW ORLEANS, LA 70130</b>
41 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>WILLIAM T. STEEN</b>
43 STREET ADDRESS	<b>601 POYDRAS STREET</b>
44 CITY-ST-ZIP	<b>NEW ORLEANS, LA 70130</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Judith Flynn* **4/21/97** **813-626-6111**  
JUDITH FLYNN, VICE PRES. & ASST. CORP. SECRETARY Date Daytime Phone

CR2E034 (9/96)