FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002372 (0)**

1. Corporation Name
GALAHER SETTLEMENTS AND INSURANCE SERVICES COMPA NY, INC.

Principal Place of Business	Mailing Address
1311 N. WESTSHORE BLVD. TAMPA FL 33607	1311 N. WESTSHORE BLVD. TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 95-3573542 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: Suite 312
Suite, Apt. #, etc. — 27: Suite 312

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24; Country — 25
Zip — 29; Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OAKES, CHARLES
1311 N. WESTSHORE BLVD.
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: Suite 312
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JOHN Q	1.2 NAME		
STREET ADDRESS	TWO HARPER CIR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA 01810	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	CABOT, CHRISTOPHER	2.2 NAME		
STREET ADDRESS	SIX HART ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY FARMS MA 01915	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	WEENER, DAVID H	3.2 NAME		
STREET ADDRESS	EIGHT BLUEBERRY CIR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA 01810	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Chairman	☑ Change ☐ Addition
NAME	GALAHER, ROBERT E II	4.2 NAME		
STREET ADDRESS	25 CHOATE LN.	4.3 STREET ADDRESS		
CITY-ST-ZIP	IPSWICH MA 01938	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, PATRICK J	5.2 NAME		
STREET ADDRESS	5 WILLIAMS WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NH 03824	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEYER, GERARD V JR	6.2 NAME		
STREET ADDRESS	8939 BRIAR FOREST DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77024	6.4 CITY-ST-ZIP		

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)(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: _____ John Q. Adams 1/17/95 (508) 475-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202780 CP