

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002372 (0)
 1. Corporation Name
GALAHER SETTLEMENTS AND INSURANCE SERVICES COMPA NY, INC.



Principal Place of Business 1311 N. WESTSHORE BLVD. 312 TAMPA FL 33607 US	Mailing Address 1311 N. WESTSHORE BLVD. 312 TAMPA FL 33607-461E US
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3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	30

4. FEI Number 05-3573542	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
OAKES, CHARLES
1311 N. WESTSHORE BLVD.
312
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name SCOTT DEVELLHIO
82 Street Address (P.O. Box Number is Not Acceptable) 1311 N. WESTSHORE BLVD.
83 #312
84 City TAMPA
85 Zip Code FL 33607

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: *Scott J. Develhio* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME ADAMS, JOHN Q	
STREET ADDRESS TWO HARPER CIR.	
CITY-ST-ZIP ANDOVER MA 01810	
TITLE S	<input type="checkbox"/> DELETE
NAME MEARS JR, W. CAMPBELL	
STREET ADDRESS 194 ST PAUL ST #3	
CITY-ST-ZIP BROOKLINE MA	
TITLE T	<input type="checkbox"/> DELETE
NAME WEENER, DAVID H	
STREET ADDRESS FOUR BUTTONWOOD DR	
CITY-ST-ZIP ANDOVER MA	
TITLE C	<input type="checkbox"/> DELETE
NAME GALAHER, ROBERT E #	
STREET ADDRESS 25 CHOATE LN.	
CITY-ST-ZIP IPSWICH MA	
TITLE V	<input type="checkbox"/> DELETE
NAME MURPHY, PATRICK J	
STREET ADDRESS 5 WILLIAMS WAY	
CITY-ST-ZIP DURHAM NH 03824	
TITLE V	<input type="checkbox"/> DELETE
NAME SCHNEYER, GERARD V JR	
STREET ADDRESS 8939 BRIAR FOREST DR.	
CITY-ST-ZIP HOUSTON TX 77024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS 20 CLAFLIN ROAD, #3
2.4 CITY-ST-ZIP BROOKLINE, MA 02146
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *W. Campbell Mears Jr* (617) 4/16/97 210-4400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)