

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90188 007 \*\*\*150.00

DOCUMENT # F97000000293

1. Corporation Name

CENTRAL STATES INSURANCE SERVICES, INC.

Principal Place of Business

1314 CAPE CORAL PKWY. E. #209  
CAPE CORAL FL 33904

Mailing Address

1314 CAPE CORAL PKWY. E. #209  
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

38-2775108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

SQUIRES, SALLY  
4706 SW 9TH PL  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME MELLENDORF, GEORGE A  
STREET ADDRESS 1217 SW 53 TERR.  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE P ☒ DELETE

NAME BRUCHHAEUSER, JAMES VON  
STREET ADDRESS 1817 CIRCH  
CITY-ST-ZIP OLD HICKORY TN 37138

TITLE T ☐ DELETE

NAME SQUIRES, SALLY ANN  
STREET ADDRESS 1217 SW 58TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME HORNSBY, CARL  
STREET ADDRESS 2522 OLD OXFORD RD  
CITY-ST-ZIP HAMILTON OH 45013

TITLE S ☐ DELETE

NAME EMERSON, PATRICK  
STREET ADDRESS P.O. BOX 610333  
CITY-ST-ZIP PT HURON MI 48060

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

Sign, title, date and mail by

April 15, 1999

with a payment of \$150.00 to the  
Department of State

\* Fill in phone number

SIGNATURE: X

SIGNATURE: George Melendorf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99 941-540-1663

CR2E034 (11/98)