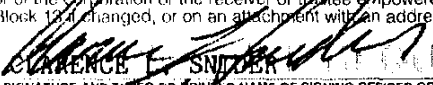


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G40638 (0)			
1. Corporation Name U.S. CLAIMS SERVICE, INC.			
Principal Place of Business 105 OLD JENNINGS ROAD P.O. BOX 550 ORANGE PK FL 32067-0550		Mailing Address 105 OLD JENNINGS ROAD P.O. BOX 550 ORANGE PK FL 32067-0550	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/18/1983	
22 City & State		4. FEI Number 59-2297038	
23 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
26		9. Name and Address of Current Registered Agent	
27		10. Name and Address of New Registered Agent	
28		81 Name	
29		82 Street Address (P.O. Box Number is Not Acceptable)	
30		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	PDT	☐ DELETE	
NAME	SNIDER, CLARENCE L.		
STREET ADDRESS	632 SAN ROBAR DR.		
CITY- ST- ZIP	ORANGE PARK FL		
TITLE	SD	☐ DELETE	
NAME	SNIDER, BETTY		
STREET ADDRESS	632 SAN ROAR DR		
CITY- ST- ZIP	ORANGE PK, FL 00000		
TITLE	VD	☐ DELETE	
NAME	SNIDER, ALBERT G.		
STREET ADDRESS	217 MISTLETOE DR		
CITY- ST- ZIP	GREENSBORO NC		
TITLE	V	☐ DELETE	
NAME	SNIDER, AMY L.		
STREET ADDRESS	1854 KILLARN CIRCLE		
CITY- ST- ZIP	MIDDLEBURG FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		☐ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		☐ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		☐ Change ☐ Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		☐ Change ☐ Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		☐ Change ☐ 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:  (904) 272-6262			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)