

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G81381** (7)

1. Corporation Name

M.S.I. INSURANCE, INC.



Principal Place of Business

**511 HWY. 466
APT. 25
LADY LAKE FL 32159
US**

Mailing Address

**P. O. BOX 1437
FRUITLAND PARK FL 34731
US**

3. Date Incorporated or Qualified
01/25/1984

3a. Date of Last Report
06/20/1995

4. FEI Number

59-2379810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21 **5445 Griffingview Dr**

Suite, Apt. #, etc.

22

City & State

23 **LADY LAKE, FL.**

Zip

24 **32159**

Country

25 **LAKE**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MCCORMIC, TERRY E.
511 HIGHWAY 466, APARTMENT 25
LADY LAKE FL 32159**

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 officer of corporation

NOTE: Registered Agent Signature required for this registration.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P MCCORMIC, TERRY E.**
STREET ADDRESS **POST OFFICE BOX 1437 N/A**
CITY - ST - ZIP **FRUITLAND PARK FL**

TITLE ☒ DELETE
NAME **D MCCORMIC, TERRY E.**
STREET ADDRESS **511 HIGHWAY 466, APARTMENT 25**
CITY - ST - ZIP **LADY LAKE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 **D TERRY E. MCCORMIC**
2.3 STREET ADDRESS **5445 Griffingview Dr**
2.4 CITY - ST - ZIP **LADY LAKE, FL 32159**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Terry E. McCormic / TERRY E. McCormic / Pres. S-15-96 353-750-4017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION PERIOD

CR2E034 (12/95)