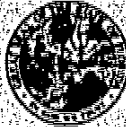


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H00982**

(9)

1. Corporation Name

UNDERWRITERS SERVICES, INC.

Principal Place of Business

702 N FRANKLIN ST
TAMPA FL 33602
US

Mailing Address

P O BOX 1348
TAMPA FL 33601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

99-2404385

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

21 401 E. Jackson Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 1700

27 Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28

Zip

24 33602

Country

25

Zip

29

Country

30

8. Name and Address of Current Registered Agent

LENFESTEY, LAUREL J
702 N FRANKLIN ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

401 E. Jackson Street, Suite 1700

83

84 City

Tampa

FL

85 Zip Code

33602

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

Laurel J. Lenfestey

(NOTE: Registered Agent signature required when re-registering)

4/27/95

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME STEPHENS, T. GARY
STREET ADDRESS 601 BAYSHORE BLVD, STE 600
CITY-ST-ZIP TAMPA FL

TITLE V
NAME GEER, BRUCE G.
STREET ADDRESS 601 BAYSHORE BLVD, STE 600
CITY-ST-ZIP TAMPA FL

TITLE S
NAME LENFESTEY, LAUREL J
STREET ADDRESS 720 N FRANKLIN ST
CITY-ST-ZIP TAMPA FL

TITLE D
NAME GEER, BRUCE G
STREET ADDRESS 601 BAYSHORE BLVD, STE 600
CITY-ST-ZIP TAMPA FL

TITLE T
NAME YOUNG, TIMOTHY L
STREET ADDRESS 702 N FRANKLIN ST
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Mitch Pietruszka
1.3 STREET ADDRESS 401 E. Jackson Street, Suite 1700
1.4 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE Vice President & Director ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 401 E. Jackson Street, Suite 1700
2.4 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 401 E. Jackson St., Suite 1700
3.4 CITY-ST-ZIP Tampa, FL 33602

4.1 TITLE Delete See Above ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Listing as V and D
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 220 S. Ridgewood Avenue
5.4 CITY-ST-ZIP Daytona Beach, FL 32115

6.1 TITLE Chairman Director ☐ Change ☒ Addition
6.2 NAME J. Hyatt Brown
6.3 STREET ADDRESS 220 S. Ridgewood Avenue
6.4 CITY-ST-ZIP Daytona Beach, FL 32115

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 110.07(3)(4), 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

Laurel J. Lenfestey

Laurel J. Lenfestey 4/27/95

222-4277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime (Area) #