

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H06844

(5)

1. Corporation Name

CLAIMS MANAGEMENT SYSTEMS, INC.

Principal Place of Business

**2601 CATTLEMEN ROAD
SARASOTA FL 34232**

Mailing Address

**2601 CATTLEMEN ROAD
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

**APPROVED
AND
FILED**

5 MAY 1995 11 09:36

**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

3. Date Incorporated or Qualified

06/04/1984

3a. Date of Last Report

03/03/1994

4. FEI Number

59-2413933

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 Office or Headquarters

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, G.W.
2601 CATTLEMEN ROAD
SARASOTA FL 34232-0514**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.04(3), 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 627.06(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)

NAME: **DUBREUIL, JOHN**
STREET ADDRESS: **2601 CATTLEMEN ROAD**
CITY, STATE, ZIP: **SARASOTA FL**

NAME: **VS MORGAN, BASIL**
STREET ADDRESS: **2601 CATTLEMEN ROAD**
CITY, STATE, ZIP: **SARASOTA FL**

NAME: **DC HABER, MARVIN S.**
STREET ADDRESS: **2601 CATTLEMEN RD**
CITY, STATE, ZIP: **SARASOTA FL**

NAME: **D NEFF, RAYMOND M.**
STREET ADDRESS: **2601 CATTLEMEN RD.**
CITY, STATE, ZIP: **SARASOTA FL**

NAME: **D/C RUSSELL A. CURRIN, JR.**
STREET ADDRESS: **2601 CATTLEMEN RD.**
CITY, STATE, ZIP: **SARASOTA, FL. 34232**

NAME: **D ALBERT L. CONYERS**
STREET ADDRESS: **2601 CATTLEMEN RD.**
CITY, STATE, ZIP: **SARASOTA, FL. 34232**

1. TITLE: ☐ Change ☒ Addition

2. NAME: ☐ Change ☒ Addition

3. STREET ADDRESS: ☐ Change ☒ Addition

4. CITY, STATE, ZIP: **34232**

5. TITLE: ☐ Change ☒ Addition

6. NAME: ☐ Change ☒ Addition

7. STREET ADDRESS: ☐ Change ☒ Addition

8. CITY, STATE, ZIP: **34232**

9. TITLE: ☐ Change ☒ Addition

10. NAME: ☐ Change ☒ Addition

11. STREET ADDRESS: ☐ Change ☒ Addition

12. CITY, STATE, ZIP: **34232**

13. TITLE: ☐ Change ☒ Addition

14. NAME: ☐ Change ☒ Addition

15. STREET ADDRESS: ☐ Change ☒ Addition

16. CITY, STATE, ZIP: **34232**

17. TITLE: ☐ Change ☒ Addition

18. NAME: ☐ Change ☒ Addition

19. STREET ADDRESS: ☐ Change ☒ Addition

20. CITY, STATE, ZIP: **34232**

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the minority shareholder exception of Section 119.03(2)(b), Florida Statutes. I further certify that the information contained 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 treasurer or financial officer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am filing this report with an address:

SIGNATURE:

Ray Neff
SIGNATURE AND PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR
Raymond M. Neff

Director

4/26/95 (813)951-3627

H06844

12. continued

D Stottlemeyer, Charles E. 2601 Cattlemen Rd. Sarasota, Fl. 34232