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Feb 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H46507

1. Corporation Name

THE ASSOCIATION OF INSURANCE SCHOLARS, INC.

Principal Place of Business

883 S. EUCALYPTUS STREET
SEBRING FL 33870-3719
US

Mailing Address

883 S. EUCALYPTUS STREET
SEBRING FL 33870-3719
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1985

4. FEI Number

59-2521339

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 883 S. EUCALYPTUS ST.

22 SEBRING, FL

23 33870 HIGHLANDS

24 Zip

25 Country

2a. Mailing Address

27 SAME

28 Suite, Apt. #, etc.

29 City & State

30 Zip

31 Country

9. Name and Address of Current Registered Agent

TUCKER, HILDA F
883 S EUCALYPTUS ST
SEBRING FL 33870

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 P ☐ DELETE

NAME KISER, KATHERINE W

STREET ADDRESS 883 S. EUCALYPTUS STREET

CITY-ST-ZIP SEBRING FL 33870-3719

TITLE VPST ☐ DELETE

NAME TUCKER, HILDA F

STREET ADDRESS 883 S. EUCALYPTUS STREET

CITY-ST-ZIP SEBRING FL 33870-3719

TITLE VP D ☐ DELETE

NAME KISER-TAYLOR, DEBORAH L

STREET ADDRESS 2860 NORTHEAST 23RD AVENUE

CITY-ST-ZIP LIGHTHOUSE PT. FL 33064

TITLE VP D ☐ DELETE

NAME KISER, JOHN R

STREET ADDRESS 3871 NORTHEAST 23RD AVENUE

CITY-ST-ZIP LIGHTHOUSE PT. FL 33064

TITLE ☐ DELETE

NAME 883 S. Eucalyptus St.

STREET ADDRESS Sebring, Fl. 33870

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 ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

KATHERINE W. KISER Katherine W. Kiser 2-2-99
33871 NORTHEAST 23RD AVENUE
LIGHTHOUSE PT. FL 33064
Date 12-12-99 Phone # 338-6338

CR2E034 (1/198)