FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

[illegible] 1995 [illegible]: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H85388 (7)

1. Corporate Name
CLAIMS PREVENTION & MANAGEMENT SERVICES, INC.

Principal Place of Business
1305 RAIFORD RD.
P. O. BOX 546
STARKE FL 32091

Mailing Address
1305 RAIFORD RD.
P. O. BOX 546
STARKE FL 32091

PLEASE PRINT IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1985
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Province — 22
State, Province — 27
City, Zip Code — 23
City, Zip Code — 28
24 25 29 30

4. FEI Number: 59-2619147 — 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. The corporation has taken, or intends to undertake, the actions specified in Section 607.0901, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WILLIAMS, JAMES W.
1305 W. RAIFORD ROAD
P.O BOX 546
STARKE FL 32091

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 Section 607.0501, 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. The corporation agrees that it will comply with the laws of this state that are applicable to persons doing business in this state and that it will keep its registered office in this state.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, JAMES W.
ADDRESS	1305 RAIFORD RD
CITY	STARKE FL
TITLE	ST
NAME	WILLIAMS, JOAN C.
ADDRESS	1305 RAIFORD RD
CITY	STARKE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
CITY

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
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CITY

14. I hereby certify that the information supplied with this report is true and accurate and that this report shall be the same legal effect as if made under oath. I further acknowledge that the signature on this report is my signature and that I am familiar with the provisions of Chapter 607, Florida Statutes, and the rules promulgated thereunder.

SIGNATURE: James W. Williams Pres 04/28/95 904-781-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0402393 FP