

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # H91374

(9)

1. Corporation Name

FINANCIAL CLAIMS CONTROL, INC.

Principal Place of Business

5414 BEAUMONT CENTER BLVD. SUITE 200
P.O. BOX 22654
TAMPA FL 33634

Mailing Address

5414 BEAUMONT CENTER BLVD. SUITE 200
P.O. BOX 22654
TAMPA FL 33634



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

12/20/1985

3a. Date of Last Report

02/07/1995

4. FEI Number

59-2617742

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, GREGORY R.
5402 BEAUMONT CENTER BLVD. #108
TAMPA FL 33634

81 Name

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

5414 Beaumont Center Blvd Suite 200

83

84 City

Tampa

FL

85 Zip Code

33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of Registered Agent (Required when changing agent)

Signature of Registered Agent (Required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
DP	STEVENS, GREGORY R.	8708 IMPERIAL COURT	TAMPA FL	☐
D	STEVENS, DAVID A.	11661 FOX CREEK DR.	TAMPA FL	☐
D	STEVENS, ALICE M.	6521 SEAFARER DRIVE	TAMPA FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
☒ Change ☐ Addition				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(813) 886-7166

CR2E034 (12/95)