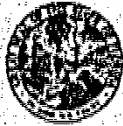


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**-FILED
-SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 21 PM 2:30

DOCUMENT # J05177 (7)

1. Corporation Name
SENIOR INSURANCE SERVICES OF FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 249 P.O. BOX 249
FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/20/1986** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1344 W. GRIFFIN RD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 **LEESBURG FL** 28
Zip Country Zip Country
24 **34748** 25 **LAKE** 29

4. FEI Number **59-2651922** 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

**DAVIS, DANIEL L.
35412 L CRESCENT DR.
FRUITLAND PARK FL 34731**

81 Name **TAMMY S. DAVIS**
82 Street Address (P.O. Box Number is Not Acceptable) **1344 W. GREEN RD**
83
84 City **LEESBURG** FL 85 Zip Code **34748**

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 *Tammy S. Davis* **TAMMY S. DAVIS PRESIDENT 3-16-95** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **DAVIS, DANIEL L.**
STREET ADDRESS **35412 CRESCENT DR**
CITY-ST-ZIP **FRUITLAND PARK FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**RESIGNED +
SIGNED ALL STOCK TO TAMMY S DAVIS**

TITLE **SD**
NAME **DAVIS, TAMMY S.**
STREET ADDRESS **35412 CRESCENT DR**
CITY-ST-ZIP **FRUITLAND PARK, FL**

2.1 TITLE **PD**
2.2 NAME **TAMMY S. DAVIS**
2.3 STREET ADDRESS **1344 W. GRIFFIN RD**
2.4 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tammy S. Davis* **TAMMY S. DAVIS 3-16-95 904-926-9417** DATE DAYTIME PHONE