

# 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 28 PM 3:14

DOCUMENT # J86042 (5)

1. Corporation Name

AMERICAN INSURANCE ADMINISTRATORS, INC.

Principal Place of Business  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623

Mailing Address  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
08/05/1987

3a. Date of Last Report  
04/27/1994

4. FEI Number  
59-2841530

Applied For  
☐ 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 Place of Business

2a. Mailing Address

21 bldg., Apt. #, etc.

26 bldg., Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOESCH, GARY R.  
2536 COUNTRYSIDE BLVD.  
SUITE 7  
CLEARWATER FL 34623

01 Name  
HEATHER L. DOUDNA  
02 Street Address (P.O. Box Number is Not Acceptable)  
2536 COUNTRYSIDE BLVD  
03 SIXTH FLOOR  
04 City  
CLEARWATER FL 05 Zip Code  
34623

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 607.0507, Florida Statutes.

SIGNATURE

*Heather L. Doudna*

HEATHER L. DOUDNA

3/15/95

Signature (Typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

PD  
BOESCH, GARY R.  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

S/T

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ 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)(a), 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 it 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 of this report, or on an exhibit filed with an address.

SIGNATURE

*Gary R. Boesch*

GARY R. BOESCH

3/15/95 (813) 726-0726

Signature and typed or printed name of signing officer or director

Date

Telephone Number