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

DOCUMENT # K00079 (9)

1. Corporation Name
TAMPA INSURANCE SERVICES, INC.

Principal Place of Business
3802 COCONUT PALM DR
TAMPA FL 33619
US

Mailing Address
6300 WILSON MILLS RD
MAYFIELD VILLAGE OH 44143

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/03/1987
3a. Date of Last Report: 04/26/1995
4. FEI Number: 58-1772717 ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

	12.	
TITLE	PD	☐ DELETE
NAME	LEWIS, PETER B.	
STREET ADDRESS	27500 CEDAR ROAD	
CITY-ST-ZIP	BEECHWOOD OH	
TITLE	SD	☐ DELETE
NAME	SCHNEIDER, DAVID M.	
STREET ADDRESS	2767 BELGRAVE ROAD	
CITY-ST-ZIP	PEPPER PIKE OH	
TITLE	D	☐ DELETE
NAME	MCMILLAN, ROBERT J.	
STREET ADDRESS	1005 CENTER BROOK DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	T	☐ DELETE
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	2613 BUTTERWING	
CITY-ST-ZIP	PEPPER PIKE OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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	6300 Wilson Mills Rd	
1.4 CITY-ST-ZIP	Mayfield Village, OH 44143	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6300 Wilson Mills Rd	
2.4 CITY-ST-ZIP	Mayfield Village, OH 44143	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	3802 Coconut Palm Dr.	
3.4 CITY-ST-ZIP	Tampa, FL 33619	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	6300 Wilson Mills Rd	
4.4 CITY-ST-ZIP	Mayfield Village OH 44143	
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 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] David M. Schneider 4/18/96 216-446-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)