

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 44143-2109
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1987	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 58-1772717	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country			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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice President
NAME	LEWIS, PETER B.	1.2 NAME	Janet A. Delahanty
STREET ADDRESS	6300 WILSON MILLS RD	1.3 STREET ADDRESS	6300 Wilson Mills Rd.
CITY - ST - ZIP	MAYFIELD OH	1.4 CITY - ST - ZIP	Mayfield Village, OH 44143
TITLE	SD	2.1 TITLE	
NAME	SCHNEIDER, DAVID M.	2.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAYFIELD OH	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	MCMILLAN, ROBERT J.	3.2 NAME	
STREET ADDRESS	3802 COCONUT PALM DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	CHOKEL, CHARLES B	4.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MAYFIELD VILLAGE OH	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

0478512

CR2E034 (9/96)