FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K05941 (5)

1. Corporation Name
LENDERS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
5700 MEMORIAL HWY #111 TAMPA FL 3360 US	P O BOX 262408 P O BOX 262408 TAMPA FL 33685 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1987
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): 33615 Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0098152 ☐ 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

O'BLANDER, LARRY A.
5700 MEMORIAL HIGHWAY
TAMPA FL 33685

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5700 MEMORIAL HWY, Suite 111
83
84 City: FL 85 Zip Code: 33615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	TOMECKO, JOSEPH LEE	1.2 NAME		
STREET ADDRESS	1605 SHADY LEAF DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	ZIP - 33594	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	O'BLANDER, LARRY	2.2 NAME		
STREET ADDRESS	8807 AUDREY LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	~~D~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~PHILLIPS, JOHN B~~	3.2 NAME	REMOVE / (DECEASED)	
STREET ADDRESS	~~4710 SOAPSTONE DR~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~	3.4 CITY-ST-ZIP		
TITLE	VST	4.1 TITLE		☐ Change ☐ Addition
NAME	DEANE, ELLEN L	4.2 NAME		
STREET ADDRESS	3109 EHRLICH RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: LARRY A. O'BLANDER / Larry A O'Blander 4-17-95 (813) 887-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444743 FP