

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY 26 AM 7:59

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K07241 (8)
1. Corporation Name

SERVICE INSURANCE EXCHANGE, INC.

Principal Place of Business Mailing Address
14427 Seventh Street 14427 Seventh Street
Dade City, FL 33525 Dade City, FL 33525

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		12/15/1987	04/1994
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		59-2866536	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENFELDER, GLEN E. 14217 Third Street Dade City, FL 33525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/V/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFELDER, Glen E.	1.2 NAME	
STREET ADDRESS	14217 Third Street	1.3 STREET ADDRESS	
CITY ST ZIP	Dade City, FL 33525	1.4 CITY ST ZIP	
TITLE	D/P/S/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, Sandra M.	2.2 NAME	
STREET ADDRESS	14427 Seventh Street	2.3 STREET ADDRESS	
CITY ST ZIP	Dade City, FL 33525	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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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 (7)(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 the 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: *Sandra M. Bauer*
Sandra M. Bauer

5-17-95
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