

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 |
| Suite, Apt #, etc | | Suite, Apt #, etc | | 4. FEI Number | Applied For |
| 22 | | 27 | | 59-2866536 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 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 | FL | 85 |

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 (Type or printed name of registered agent and fee applicant) (201) Registered Agent (signature required when registering)

| | | | |
|----------------------------|----------------------|---|---|
| 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 5-17-95 904561-3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)

Sandra M. Bauer