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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 10: 14

DOCUMENT # K18911 (3)

1. Corporation Name
TRANSPORTATION INSURANCE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
930 S HARBOR CITY BLVD SUITE 300 MELBOURNE FL 32901	930 S HARBOR CITY BLVD SUITE 300 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2880484	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

NASH, CHARLES IAN
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

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 _____ 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	ST	1.1 TITLE	V	☐ Change ☒ Addition
NAME	TOOLEY, DAVID R	1.2 NAME	ROBERT ALKIRE	
STREET ADDRESS	653 CANDLEWOOD WAY	1.3 STREET ADDRESS	930 S. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	V	2.1 TITLE	V	☐ Change ☒ Addition
NAME	PARRETT, JUDITH A.	2.2 NAME	WILLIAM K O'BRIEN	
STREET ADDRESS	107 PARKSIDE PLACE	2.3 STREET ADDRESS	930 S. HARBOR CITY BLVD	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	3.1 TITLE	P	☐ Change ☒ Addition
NAME	LOVE, RICHARD P., JR.	3.2 NAME	DAVID R. TOOLEY	
STREET ADDRESS	2776 N. RIVERSIDE DR.	3.3 STREET ADDRESS	930 S. HARBOR CITY BLVD	
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGE, HARRY	4.2 NAME		
STREET ADDRESS	808 BOYLE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	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: _____ DAVID R TOOLEY MAY 30, 1995 407-984-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004838 CP