

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L23711 (9)

1. Corporation Name

TGO CLAIMS SERVICE, INC.



Principal Place of Business

Mailing Address

%H.A. RIGDON JR
BOX 6511
DAYTONA BCH FL 32122

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BOX 6511
DAYTONA BCH FL 32122

3. Date Incorporated or Qualified
10/17/1989

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGDON, H A JR
840 N COCOA BLVD
COCOA FL 32923

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
101 Southhall Ln. #380

83

84 City Maitland

FL

85 Zip Code
32751

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 the filer, as applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RIGDON, H A JR
STREET ADDRESS 840 N COCOA BLVD
CITY-ST-ZIP COCOA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3831 River Hollow Ct.
1.4 CITY-ST-ZIP Oviedo, FL. 32765

TITLE V
NAME OESTREICH, HENRY W.
STREET ADDRESS 937 MAYFAIR CIRCLE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME BOEHM, J. RICHARD
STREET ADDRESS 885 WILLOW RUN
CITY-ST-ZIP ORMOND BCH. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 5 Springwood Tr.
3.4 CITY-ST-ZIP Ormond Bch, FL. 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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, director, 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

CR2E034 (12/95)