FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

ROORDA CLAIMS SERVICE, INC.

5					I 1991/1941 888 (1)110 10846 (1)11 (1)1831 1/83	. 6(4): 2(4): 2(4): 6(4): 6(4): 6(4): (44):		
Principal Plac		Mailing Address	136(191) 956 (111) 10511 11611 11611 11611					
N GEORGE R	oorda Rive	% GEORGE ROORDA 106 TRYON DRIVE TALLAHASSEE FL 32312-2743						
TALLAHASSEE								
					3. Date Incorporated or Qualified	3a. Date of Last Report		
2. Principal P	lace of Business	2a. Mailing Address			12/19/1989 4. FEI Number	02/13/1996 Applied Fo		
	IACO DI DUSTINOSS	26			59-2980566	Not Applied		
Sulte, Apt. #, etc. 22 City & State		Surte, Apt. #, etc. 27 City & State			5. Certificate of Status Desired See Required			
				6. Election Campaign Financing \$5.00 May 8				
3					Trust Fund Contribution	Added to Fees		
Zip Country			Zip Country		8. This corporation has liability for intangible tax under s. 199.03: Florida Statutes Yes : No			
4	9. Name and Address of Curr	29 30	<u>'.</u> 1——		10. Name and Address of New Reg			
200	ORDA, GEORGE		81	Name				
	TRYON DRIVE		00	Ct A A-I	free (FO Day North art is Not Assessed	1_1		
	LAHASSEE FL 32312		82	Street Add	dress (P.O. Box Number is Not Acceptable	.e)		
1736			83					
			84	City		85 Zip Code		
			04	City		FL S Zip Code		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DILETE	1.1 TITLE			☐ Change ☐ Add		
NAME	RODRDA, GEORGE		1.2 NAME					
STREET ADDRESS	108 TRYON DRIVE TALLAHASSEE FL		1.3 STHEET	1				
CITY-ST-ZIP TITLE	IALLATMOSEE PL	DELETE	1.4 CITY-S 2.1 TITLE	11 - 71P		Change Add		
NAME			2.2 NAME			E Grango E Franc		
STREET ADDRESS			2 3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CiTY-1					
TITLE		☐ DELETE	3.1 T/TLE			Change Add		
NAME			3.2 NAME	-				
STREET ADDRESS	1		3.3 STREET	ì				
CITY-ST-ZIP		DELETE .	3.4 CITY-	\$1-7IP		Change Add		
TITLE		L DELETE	4.1 TITLE 4. 2 NAME			Change Add		
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	1				
TITLE		DELETE	5.1 TITLE			Change Add		
NAME			5.2 NAME			· -		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			54 CITY- S	ST - ZIP				
TITLE		☐ DELETE	6111111			Change Add		
NAME		•	6.2 NAME					
STREET ADDRESS	•		63 STREET					
CITY-ST-7IP	Ī	1	6.4 C/TY - 9	31 - 7IP I				

FILED Apr 24 1997 8:00am Secretary of State

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Not Applicable

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 agont, 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 title if any ilicable (NOT). Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.		TO OFFICERS AND DIRECT	ORS IN 12				
TITLE	D	TLETE	1.1 TITLE		☐ Chang	e Addition				
NAME	ROORDA, GEORGE		1.2 NAME							
STREET ADDRESS	108 TRYON DRIVE		1.3 STHEET ADDRESS							
CITY - ST - ZIP	TALLAHASSEE FL		1.4 CITY-ST-7IP							
TITLE	□ D	ELFTE	21 HILE		Chang	e 🔲 Addition				
NAME			2.2 NAME							
STREET ADDRESS			2 3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 City - St - ZiF							
TITLE	D	ELFTE	3.1 TITLE		☐ Chang	e 🔲 Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS			-				
CITY-ST-ZIP			3.4 C(1) Y · ST - Z(P							
TITLE		ELETE	4.1 THILE		☐ Chang	je 🔲 Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY - ST - ZIP							
TITLE		ELETE	5.1 TIPLE		Chang	e 🔲 Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		ELETE	611011		Chang	je 🔲 Addition				
NAME			6.2 NAME							
STREET ADDRESS	•		63 STREET ADDRESS							
CITY-ST-ZIP			6.4 C/TY-ST-ZIP							
14. I do hereby certify that the information supplied with this filling 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 receiptiver or trustee impowered 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.										