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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L39386 (2)  
1. Corporation Name  
THOMAS INSURANCE SERVICE, INC.



Principal Place of Business  
% GEORGE H. RUSS  
907 WEBSTER ST  
LEESBURG FL 34748

Mailing Address  
% GEORGE H. RUSS  
907 WEBSTER ST  
LEESBURG FL 34748-5026

3. Date Incorporated or Qualified 01/01/1990  
3a. Date of Last Report 05/20/1996  
4. FEI Number 59-2983497  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
RUSS, GEORGE H.  
907 WEBSTER ST  
LEESBURG FL 34748

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------|---|--|
| TITLE                      | PD                | 1.1 TITLE   |  |
| NAME                       | THOMAS, ROBERT C. | 1.2 NAME  |  |
| STREET ADDRESS             | 1701 HWY 19 N     | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | EUSTIS FL         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DVP               | 2.1 TITLE   |  |
| NAME                       | THOMAS, LINDA     | 2.2 NAME  |  |
| STREET ADDRESS             | 1701 HWY 19 N     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | EUSTIS FL         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DST               | 3.1 TITLE   |  |
| NAME                       | THOMAS, EDWIN G   | 3.2 NAME  |  |
| STREET ADDRESS             | 1701 HWY 19 N     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | EUSTIS FL         | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 4.1 TITLE   |  |
| NAME                       |                   | 4.2 NAME  |  |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 5.1 TITLE   |  |
| NAME                       |                   | 5.2 NAME  |  |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 6.1 TITLE   |  |
| 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

4-18-97 352-589-5555

Date Daytime Phone #

CR2E034 (9/96)