

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

PRCFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L67037 (6)

1. Corporation Name

OCEAN STATE INSURANCES SERVICES, INC.



Principal Place of Business

Mailing Address

% DOUGLAS V. MAURER

~~3000 BLVD. CENTER DR. STE. T~~
JACKSONVILLE FL 32201

MOVED

BOX 4831

JACKSONVILLE FL 32201

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 OCEAN STATE INSURANCE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1914 BEACHWAY I-E

27

same

City & State

City & State

23 JACKSONVILLE, FL

28

Zip

Zip

Country

Country

24 32207

25

DUVAL

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURER, DOUGLAS V.
1914 BEACHWAY I-E
JACKSONVILLE FL 32207

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

Douglas V. Maurer

(NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PF
NAME MAURER, DOUGLAS V.
STREET ADDRESS 2032 ST. MARTIN'S DR. W
CITY- ST- ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD
NAME MAURER, CARLA R.
STREET ADDRESS 2032 ST. MARTIN'S DR. W
CITY- ST- ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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 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:

Douglas V. Maurer

(NOTE: Registered Agent signature required when reinstating)

DOUGLAS V. MAURER 4/22/96 904-398-9638

CR2E034 (12/95)