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**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR 14 PM 2: 14

**DOCUMENT # L86286 (6)**

1. Corporation Name

**FIRST LENDERS INSURANCE SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6621 SOUTHPONT DR N  
STE 150  
JACKSONVILLE FL 32216  
US

Mailing Address

6621 SOUTHPONT DR N  
SUITE 150  
JACKSONVILLE FL 32216  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/09/1990</b>	3a. Date of Last Report <b>03/11/1994</b>
4. FEI Number <b>59-3019940</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SARVADI, GERALD S.  
6621 SOUTHPONT DR NORTH, STE 150  
JACKSONVILLE FL 32216**

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 re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARVADI, GERALD S	12 NAME	
STREET ADDRESS	6621 SOUTHPONT DR N, STE 150	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	SVP	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JAMES W.	22 NAME	DELETE COOPER, JAMES W.
STREET ADDRESS	6621 SOUTHPONT DR N, STE 150	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, LYNN	32 NAME	
STREET ADDRESS	6621 SOUTHPONT DR N, STE 150	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSKET, VICTORIA L	42 NAME	
STREET ADDRESS	6621 SOUTHPONT DR N, STE 150	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	
TITLE	VP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, SIDNEY J.	52 NAME	
STREET ADDRESS	6621 SOUTHPONT DR N STE 150	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 in my placement with an address.

SIGNATURE: *Victoria L Bosket* TREASURER, VICTORIA BOSKET

(904)279-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number