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 # **L86286** **(6)**

1. Corporation Name
FIRST LENDERS INSURANCE SERVICES, INC.

Principal Place of Business
6621 SOUTHPOINT DR N.
STE 150
JACKSONVILLE FL 32216
US

Mailing Address
6621 SOUTHPOINT DR N
SUITE 150
JACKSONVILLE FL 32216
US

2. Principal Place of Business
21 6745 PHILLIPS IND. BLVD.
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE, FL
Zip
24 32256
Country
25 US

2a. Mailing Address
26 6745 PHILLIPS IND. BLVD.
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE, FL
Zip
29 32256
Country
3 US

3. Date Incorporated or Qualified: 07/09/1990
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-3019940 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6745 PHILLIPS IND. BLVD.
83
84 City JACKSONVILLE FL
85 Zip Code 32256

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

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	SARVADI, GERALD S	
STREET ADDRESS	6621 SOUTHPOINT DR N, STE 150	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	WATSON, LYNN	
STREET ADDRESS	6621 SOUTHPOINT DR N, STE 150	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	BOSKET, VICTORIA L.	
STREET ADDRESS	6621 SOUTHPOINT DR N. STE 150	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	☐ DELETE
NAME	GIBSON, SIDNEY J.	
STREET ADDRESS	6621 SOUTHPOINT DR N STE 150	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	6745 PHILLIPS IND. BLVD.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6745 PHILLIPS IND. BLVD.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	6745 PHILLIPS IND. BLVD.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	6745 PHILLIPS IND. BLVD.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	900001751009	
5.3 STREET ADDRESS	-03/20/96--01021--026	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Victoria L Bosket VICTORIA L. BOSKET, TREASURER 1/25/96 (904) 886-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR