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Apr 03 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 # L86286 (6)

1. Corporation Name

FIRST LENDERS INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

6745 PHILLIPS IND. BLVD.
JACKSONVILLE FL 32256
US

6745 PHILLIPS IND. BLVD.
JACKSONVILLE FL 32256-3010
US



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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/09/1990

3a. Date of Last Report

03/19/1996

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

10. Name and Address of New Registered Agent

SARVADI, GERALD S.
6745 PHILLIPS INC. BLVD.
JACKSONVILLE FL 32256

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

TITLE CP
NAME SARVADI, GERALD S
STREET ADDRESS 6745 PHILLIPS IND. BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ DELETE

TITLE S
NAME WATSON, LYNN
STREET ADDRESS 6745 PHILLIPS IND. BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256

☒ DELETE

TITLE T
NAME BOSKET, VICTORIA L.
STREET ADDRESS 6745 PHILLIPS IND. BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ DELETE

TITLE VP
NAME GIBSON, SIDNEY J.
STREET ADDRESS 6745 PHILLIPS IND. BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY
1.2 NAME SIDNEY J. GIBSON
1.3 STREET ADDRESS 6745 PHILLIPS IND. BLVD.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 TREASURER 001-006-0100

CR2E034 (9/96)