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

FILED
Feb 23 1996 8:00 am
Secretary of State

DOCUMENT # **L89126** **(1)**

1. Corporation Name
INSURANCE SERVICE CENTER, INC.

Principal Place of Business
2536 COUNTRYSIDE BOULEVARD
CLEARWATER FL 34623

Mailing Address
2536 COUNTRYSIDE BOULEVARD
CLEARWATER FL 34623

3. Date Incorporated or Qualified: **07/11/1990**
3a. Date of Last Report: **04/13/1995**

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

4. FEI Number: **65-0210366** 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**
DOUDNA, HEATHER L
2536 COUNTRYSIDE BLVD
6TH FLOOR
CLEARWATER FL 34623

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) of registered agent (can be typed) (NOTE: Registered Agent's signature required when name change) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOESCH, GARY R
STREET ADDRESS	2536 COUNTRYSIDE BLVD
CITY, ST, ZIP	CLEARWATER FL
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/S/T
1.2 NAME	Boesch, Gary R.
1.3 STREET ADDRESS	2536 Countryside Blvd
1.4 CITY-ST-ZIP	Clearwater, FL 34623
☐ 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	

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 asterisk.

SIGNATURE: Gary R. Boesch, Pres 2/6/96 (813)726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #