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FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M86460 (6)  
1. Corporation Name  
BANKERS HAZARD DETERMINATION SERVICES, INC.



Principal Place of Business

Mailing Address

PO BOX 15707  
ST PETERSBURG FL 33733  
US

PO BOX 15707  
ST PETERSBURG FL 33733  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/16/1988	
22 City & State	27 City & State	4. FEI Number 59-2900858	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
26			
27			
28			
29			
30			

g. Name and Address of Current Registered Agent

DELANO, G. KRISTIN  
360 CENTRAL AVE  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	DEV
NAME	MENKE, ROBERT M.	1.2 NAME	MENKE ROBERT G.
STREET ADDRESS	360 CENTRAL AVE	1.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	D	2.1 TITLE	V
NAME	MEEHAN, DAVID K.	2.2 NAME	YOUNG, DEAN J.
STREET ADDRESS	360 CENTRAL AVE	2.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DT	3.1 TITLE	V
NAME	HUSSEMAN, EDWIN C.	3.2 NAME	O'KEEFE, JOSEPH G.
STREET ADDRESS	360 CENTRAL AVE	3.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DS	4.1 TITLE	V
NAME	DELANO, G. KRISTIN	4.2 NAME	COPE, CLAUDETTE
STREET ADDRESS	360 CENTRAL AVE	4.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	V	5.1 TITLE	
NAME	BATSON, KATHLEEN M.	5.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	
NAME	HOWARD, DAVID M	6.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

1/30/98 813 823-4000 x 4416

CR2E034 (10/97)