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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P35695 (6)

1. Corporation Name

COMMERCIAL INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

POST OFFICE DRAWER 26227  
OKLAHOMA CITY OK 73126-0227

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OKLAHOMA CITY OK 73126-0227

3. Date Incorporated or Qualified  
09/30/1991

3a. Date of Last Report  
05/11/1995

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

10. Name and Address of New Registered Agent

MOYER, RONNY LYN  
514 N. FLORIDA AVE.  
DELAND FL 32720

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

T  
NAME SULLIVAN, BRIAN G  
STREET ADDRESS 1612 STEPPINGSTONE TRL.  
CITY - ST - ZIP EDMOND OK

D  
NAME WEST, DEBORAH  
STREET ADDRESS 1000 BAVARIAN DR.  
CITY - ST - ZIP EDMOND OK

AS  
NAME MOYER, RONNY LYN  
STREET ADDRESS 514 N. FLORIDA AVENUE  
CITY - ST - ZIP DELAND FL

P  
NAME SULLIVAN, JOHN G.  
STREET ADDRESS 2320 PARKLAND WAY  
CITY - ST - ZIP NORMAN OK

VP  
NAME CARROLL, WM. WESLEY  
STREET ADDRESS 4211 HIDDEN HILL RD.  
CITY - ST - ZIP NORMAN OK

S  
NAME SULLIVAN, FIORETTA S.  
STREET ADDRESS 2320 PARKLAND WAY  
CITY - ST - ZIP NORMAN OK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

*Brian G. Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 (405) 947-7660  
Date Daytime Phone #

CR2E034 (12/95)