

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P35695 (6)

1. Corporation Name
COMMERCIAL INSURANCE SERVICES, INC.



Principal Place of Business
POST OFFICE DRAWER 26227
OKLAHOMA CITY OK 73126-0227

Mailing Address
POST OFFICE DRAWER 26227
OKLAHOMA CITY OK 73126-0227

3. Date Incorporated or Qualified 09/30/1991	3a. Date of Last Report 04/26/1996
4. FEI Number 73-1021527	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

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 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	NAME	1.1 TITLE	1.2 NAME
NAME	1012 STEPPINGSTONE TRL.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	EDMOND OK	2.1 TITLE	2.2 NAME
CITY - ST - ZIP		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	D	3.1 TITLE	3.2 NAME
NAME	WEST, DEBORAH	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	1000 BAVARIAN DR.	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	EDMOND OK	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	AS	5.1 TITLE	5.2 NAME
NAME	MOYER, RONNY LYN	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	514 N. FLORIDA AVENUE	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	DELAND FL	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	P		
NAME	SULLIVAN, JOHN G.		
STREET ADDRESS	2320 PARKLAND WAY		
CITY - ST - ZIP	NORMAN OK		
TITLE	VP		
NAME	CARROLL, WM. WESLEY		
STREET ADDRESS	4211 HIDDEN HILL RD.		
CITY - ST - ZIP	NORMAN OK		
TITLE	S		
NAME	SULLIVAN, FIORETTA S.		
STREET ADDRESS	2320 PARKLAND WAY		
CITY - ST - ZIP	NORMAN OK		

14. I do 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 SIGNATURE 4-22-97 (415) 947-7110

CR2E034 (9/96)