

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

FILED

May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/30/1991**

4. FEI Number  
**73-1021527**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ 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	28. Country
24. Country	29. Zip
25. Country	30. Zip

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. City
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, BRIAN G</b>	1.2 NAME	
STREET ADDRESS	<b>2632 CARLTON WAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THE VILLAGE OK</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, DEBORAH</b>	2.2 NAME	
STREET ADDRESS	<b>1000 BAVARIAN DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EDMOND OK</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS MOYER, RONNY LYN</b>	3.2 NAME	
STREET ADDRESS	<b>514 N. FLORIDA AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELAND FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P SULLIVAN, JOHN G.</b>	4.2 NAME	
STREET ADDRESS	<b>2320 PARKLAND WAY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORMAN OK</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP CARROLL, WM. WESLEY</b>	5.2 NAME	
STREET ADDRESS	<b>4211 HIDDEN HILL RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORMAN OK</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SULLIVAN, FIORETTA S.</b>	6.2 NAME	
STREET ADDRESS	<b>2320 PARKLAND WAY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORMAN OK</b>	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:

*Brian G. Sullivan*

*Brian G. Sullivan*

Treasurer 4-22-98

(405) 947-7660

CR2E034 (10/97)