

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

FILED

Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90007 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P35695

1. Corporation Name

COMMERCIAL INSURANCE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
NAME SULLIVAN, BRIAN G  
STREET ADDRESS 2632 CARLTON WAY  
CITY-ST-ZIP THE VILLAGE OK

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ 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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

(405) 947-7660

Daytime Phone #

CR2E034 (1/98)