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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra S. Mortham

Secretary-of State
DIVISION OF CORPORATIONS

DOCUMENT #

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P36779

LINDSEY MORDEN CLAIMS MANAGEMENT, INC.

FILED

97 JUN 30 AM 11: 22

SECREDARY OF STATE
MUPDEL CIALLANASSES FLORIDA

1								
Principal Place of Business Malling Address								
3910 Br	ookside Drive	P. O. Box 60	030					
Suite 2		Tyler TX 751		t n	i .			
Tyler TX 75701				,,,	3. Date incorporated or Quali	tion de l	Date of Last	Desert
					12/19/91	1150 341. 1	4/18/9	
2. Principal Place of Business 2a. Malling Address					4. FEI Number			Applied For
21 28					75-2356072	75-2356072		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								Additional
27					5. Certificate of Status Desired	: 🗆		Required
City & State		City & State		6. Election Campaign Financi	na -	\$5.00	D May Be	
23		28		Trust Fund Contribution	` 📮		i to Fees	
Zip	Country	Zip	Count	Ŋ	8. This corporation has liability	for intangible	e tax under	
24	25	29	30		Florida Statutes	☐ Yes	□ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ner	v Registered	Agent	
C T CORPORATION SYSTEM				1 Name	9			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			8:	2 Street	t Address (P.O. Box Number is Not Acce	ptable)		
1200 S. PINE ISLAND ROAD			L				3 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -	
PLANTATION FL 33324			0:	3		79701		11)
			84	City		55.UG		
			l-	.,				
11. Pursuant	t to the provisions of Sections 607,0502 registered agent, or both, in the State r	and 607,1508, Florida Statut	tes, the above	ve-name	d corporation submits this statement for i	he purpose o	f changing	its registered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Fi	orida Statute	79 II IO CCI 38.	rporation's board of directors. I hereby a	ccept the ap	JOHNUMBIN BE	registered
SIGNATURE								
	Bignature, typed or printed name of registered agent			eni signatur	e required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
NAME	D	- Deteie	1.1 TITLE				LI Change	Addition
	POLLEY, KEN H	_	1.2 NAME		* *			
STREET ADDRESS	3910 BROOKSIDE DRIV	Ę		T ADDRESS	33 × 1 - 3, 2 - 34, 36			
CITY-ST-ZIP TITLE		☐ DELETE	1.4 CITY -	ST-ZIP	<u> </u>		- Abassa	The same of
NAME	D DOW	CT DEFEIT	2.1 TITLE		ł ··		Li Change	Addition
	GUIN, DON 3910 BROOKSIDE DRIV	.	2.2 NAME		To the first			
STREET ADDRESS	TYLER TX	<u> </u>		T ADDRESS	200 (80)			
CITY-ST-ZIP		T Delete	2 4 0/17-	ST-ZIP	· 1.	·	-	
HAME	VP	DELETE	3 1 TITLE		· ·		Change	Addition
7	NEAL, RANDALL 3910 BROOKSIDE DRIV	E	3.2 NAME					
STREET ADDRESS	TYLER TX	5		T ADDRESS	·			
CTY-ST-ZIP TITLE	D C	DELETE	3 4. C/TY-	ST-ZIP			Charac	Addition
NAME	MAGGI. PAUL	CT OFFEIR	4 1 TATLE		1	1.	Change	☐ Addition
STREET ADDRESS	3910 BROOKSIDE DRIVE	Ē	4. 2 NAME		300		[]	
	TYLER TX		4.3 STREET	1		12	•	
CITY-ST-ZIP TITLE	* p	U DELETÉ	44 CITY-S	T-ZIP		A . V	Channe	E delition
NAME	1	C) DETELE	S.1 TITLE		1	<u> </u>	Change	Addition
	*6		5.2 NAME			-		
STREET ADDRESS			5 3 STREET					į
CITY-ST-ZIP TITLE		☐ DELETÉ	5.4 CITY -S	T-ZIP			[] (h	Isal Applican
NAME		- Detter	6 I TITLE	j	D Days No. 2015		Change	X Addition
STREET ADDRESS			6 2 NAME		SMITH, Donald B. 3910 BROOKSIDE DRIVE			
		} ×	6 3 STREET		TYLER TX			,
CITY-ST-ZIP			84 CITY-S	T-ZIP	tated in Section 119.07(3)(i), Florida Stat			

do needy certify that the information supplied with this tiling does not dualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this angular 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 consection 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.

PIONATURE.

Donald B. Smith

6/10/97

903-561-6700

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