

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$37)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020990 (6)

1. Corporation Name

NATIONAL CATASTROPHE CLAIMS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1620 MEDICAL LANE
STE. 225
FT MYERS FL 33907
US

6207 N. CATTLETRACK RD.
SCOTTSDALE AZ 85250
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 7539 E. 1ST ST

22 City & State

27 Suite, Apt #, etc
28 Scottsdale, AZ

23 Zip Country

29 85251 30 America

24 25

9. Name and Address of Current Registered Agent

HOLLIDAY, JANE L
1620 MEDICAL LANE
SUITE 220
FT MYERS FL 33907

3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
01/24/1995

4. FEI Number
65-0396223

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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

Jane L. Holliday

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLLIDAY, JANE L
STREET ADDRESS 1620 MEDICAL LANE #220
CITY-ST-ZIP FT MYERS FL 33907

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME HOLLIDAY, JANE L.

13 STREET ADDRESS 7539 E. 1ST ST 1620

14 CITY-ST-ZIP 8

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Jane L. Holliday
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96 602-994-5188
Date Daytime Phone #

CR2E034 (3/96)