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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000036646 (6)

1. Corporation Name

ABSOLUTE INSURANCE SERVICES, INC.

Principal Place of Business

563 FERGUSON DR.  
STE. K  
ORLANDO FL 32805  
US

Mailing Address

563 FERGUSON DR.  
STE. K  
ORLANDO FL 32805-1039  
US

2. Principal Place of Business

21 1841 So. Ridgewood Ave

Suite, Apt. #, etc.

22 So. Daytona, FL

City & State

23 32119

Zip

Country

24 32119 25 Volusia

2a. Mailing Address

26 1841 So. Ridgewood Ave

Suite, Apt. #, etc.

27 So. Daytona, FL

City & State

28 32119

Zip

Country

29 32119 30 Volusia

9. Name and Address of Current Registered Agent

BOLTON, DONALD W.  
563 FERGUSON DR.  
STE. K  
ORLANDO FL 32805

3. Date Incorporated or Qualified

05/17/1993

3a. Date of Last Report

04/19/1996

4. FEI Number

59-3182892

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

Margie A. Bolton

2/6/97

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 P ☐ DELETE

NAME BOLTON, MARGIE  
STREET ADDRESS 1551 DEMING DR.  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME BOLTON, DONALD W.  
STREET ADDRESS 1551 DEMING DR  
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ DELETE

NAME BOLTON, DONALD W.  
STREET ADDRESS 1211 SAND PEBBLE WAY  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 46 Ashley Ct  
1.4 CITY-ST-ZIP Ponce Inlet, FL 32119 (address)

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 46 Ashley Ct  
2.4 CITY-ST-ZIP Ponce Inlet, FL 32119 address

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 46 Ashley Ct  
3.4 CITY-ST-ZIP Ponce Inlet, FL 32119 address

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Margie A. Bolton

2/6/97

9043225880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006766

CR2E034 (9/96)