FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040283 (2)**

1. Corporation Name
SARASOTA CLAIMS AND INSURANCE SERVICES CORPORATI ON

Principal Place of Business
1390 MIAN STREET
SARASOTA FL 34236

Mailing Address
1390 MIAN STREET
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite Apt # etc. (22) | Suite Apt # etc. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 65-0419555 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, DARYL J
1800 SECOND STREET
SUITE 720
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1819 MAIN STREET
83 SUITE 1100
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	DT	7 TITLE	S ☐ Change ☐ Addition
8 NAME	GRIFFIN, WILLIAM D	8 NAME	Griffin, William D
9 STREET ADDRESS	1390 MAIN STREET	9 STREET ADDRESS	1390 Main Street
10 CITY ST ZIP	SARASOTA FL 34236	10 CITY ST ZIP	Sarasota FL
11 TITLE	P	11 TITLE	P ☐ Change ☐ Addition
12 NAME	MALONE, ANTHONY, J	12 NAME	Malone, James A
13 STREET ADDRESS	1390 MAIN STREET	13 STREET ADDRESS	1390 Main Street
14 CITY ST ZIP	SARASOTA FL 34236	14 CITY ST ZIP	Sarasota FL
15 TITLE	S	15 TITLE	T ☐ Change ☐ Addition
16 NAME	HAMMEL, EDWARD, J	16 NAME	Hammel, Edward J
17 STREET ADDRESS	1390 MAIN STREET	17 STREET ADDRESS	1390 Main Street
18 CITY ST ZIP	SARASOTA FL 34236	18 CITY ST ZIP	Sarasota FL
19 TITLE		19 TITLE	☐ Change ☐ Addition
20 NAME		20 NAME	
21 STREET ADDRESS		21 STREET ADDRESS	
22 CITY ST ZIP		22 CITY ST ZIP	
23 TITLE		23 TITLE	☐ Change ☐ Addition
24 NAME		24 NAME	
25 STREET ADDRESS		25 STREET ADDRESS	
26 CITY ST ZIP		26 CITY ST ZIP	
27 TITLE		27 TITLE	☐ Change ☐ Addition
28 NAME		28 NAME	
29 STREET ADDRESS		29 STREET ADDRESS	
30 CITY ST ZIP		30 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an address.

SIGNATURE: Edward Hammel 4/28/95 813 951 2002
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR OFFICER — Telephone #

0341811 CP