FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000077569

1. Corporation Name

CASUALTY INSURANCE SERVICES, INC

Principal Place of Business / Mailing Address

1206 N MILLS AVE STE B
ORLANDO, FL 32803

SAME

3. Date Incorporated or Qualified	3a. Date of Last Report
94	95

2. Principal Place of Business	2a. Mailing Address
21 1206 N. MILLS AVE	26 SAME
Suite, Apt. #, etc. 22 B	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28
Zip 24 32803 / Country 25 ORANGE	Zip 29 / Country 30

4. FEI Number 59-3233277 — 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

9. Name and Address of Current Registered Agent

DAVID HEARSEY
1206 N. MILLS AVE SUITE A
ORLANDO, FL 32803

10. Name and Address of New Registered Agent

81 Name: DAVID HEARSEY
82 Street Address (P.O. Box Number is Not Acceptable): 1206 N. MILLS AVE
83: SUITE A
84 City: ORLANDO — FL — 85 Zip Code: 32803

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: D. Hearsey V.P. — DATE: 6/13/96
(Signature Typed for printed name of registered agent and title of officer) (Note: Registered Agent signature required when formalizing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRS.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KAYTON SCARBORO		1.2 NAME		
STREET ADDRESS	15000 THOROUGHBRED LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE, FL		1.4 CITY-ST-ZIP		
TITLE	V.P.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVID HEARSEY		2.2 NAME		
STREET ADDRESS	1370 HAMPSTEAD TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	400001884674 -07/05/96--01029--023 ***225.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: D. Hearsey V.P. 6/13/96 407-896-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #