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Apr 04 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 # P93000086903 (0)

1. Corporation Name

EXPORT INSURANCE SERVICES OF FLORIDA, INC.

Principal Place of Business

SUITE 718, ELEVEN PIEDMONT CENTER
3495 PIEDMONT ROAD NE
ATLANTA GA 30305

Mailing Address

P.O. BOX 11602
ATLANTA GA 30355-1602
US



3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

01/23/1996

4. FEI Number

58-2091210

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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 D BOGER, RICHARD L
NAME 3495 PIEDMONT RD. NE
STREET ADDRESS ATLANTA GA 30305
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASST. TREASURER ☒ Change ☐ Addition
1.2 NAME BOGER, RICHARD L.
1.3 STREET ADDRESS 3495 PIEDMONT RD, NE, STE 718 BLDG 11
1.4 CITY-ST-ZIP ATLANTA, GA 30305

2.1 TITLE PRES/CEO/TREASURER ☐ Change ☒ Addition
2.2 NAME WILKINS, R. CHRISTOPHER
2.3 STREET ADDRESS 6597 GENEVA ST.
2.4 CITY-ST-ZIP LAKE WORTH, FL 33467

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME WHITCOMB, KARLA K.
3.3 STREET ADDRESS 6597 GENEVA ST.
3.4 CITY-ST-ZIP LAKE WORTH, FL 33467

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, trustee, or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

3/31/97 404/237-3979

CR2E034 (9/96)