

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000013627 (2)

1. Corporation Name

DIVERSIFIED ADJUSTING SERVICES, INC.

Principal Place of Business

9500 KOGER BLVD.
SUITE 107
ST. PETERSBURG FL 33702

Mailing Address

9500 KOGER BLVD.
SUITE 107
ST. PETERSBURG FL 33702



2. Principal Place of Business

2a. Mailing Address

21 9500 Koger Blvd

26 P.O. Box 22326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 107

27

23 St. Petersburg FL

28 City & State

24 33702 25 U.S.A.

29 33742 30 U.S.A.

9. Name and Address of Current Registered Agent

GRAY, THOMAS L
521 JASMINE WAY SOUTH
ST. PETERSBURG FL

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3228872

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

Thomas L. Gray President

4-25-96

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
NAME GRAY, THOMAS L
STREET ADDRESS 521 JASMINE WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

☐ DELETE

TITLE D
NAME NEEDHAM, JOSEPH
STREET ADDRESS 1666 10TH WAY SOUTH
CITY-ST-ZIP LARGO FL 34648

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attachment with an address.

SIGNATURE:

Thomas L. Gray

4-25-96

813-576-4424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)