

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000084709 (2)**

1. Corporation Name

ASSOCIATED INSURANCE SERVICES, INC.



Principal Place of Business

**2110 HERSCHEL ST.
JACKSONVILLE FL 32204**

Mailing Address

**2110 HERSCHEL ST.
JACKSONVILLE FL 32204**

2. Principal Place of Business

2a. Mailing Address

21 State: Apt. #, etc.

26 State: 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

**LOBRANO, THOMAS S III
2110 HERSCHEL ST.
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3292237

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 607.002 and 607.015, 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 607.060, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation's board of directors

Signature of the registered agent or the corporation's board of directors

Signature of the registered agent or the corporation's board of directors

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST. ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST. ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST. ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST. ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST. ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST. ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST. ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST. ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY, ST. ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST. ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, ST. ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY, ST. ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY, ST. ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY, ST. ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST. ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY, ST. ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY, ST. ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY, ST. ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY, ST. ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY, ST. ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY, ST. ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST. ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST. ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST. ZIP

D
CONGELIO, JAMES C
2110 HERSCHEL ST.
JACKSONVILLE FL 32204
D
BUCHANAN, JAMES D
2110 HERSCHEL ST.
JACKSONVILLE FL 32204
D
LOBRANO, THOMAS S III
2110 HERSCHEL ST.
JACKSONVILLE FL 32204

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST. ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST. ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST. ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST. ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST. ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST. ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST. ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST. ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY, ST. ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST. ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, ST. ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY, ST. ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY, ST. ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY, ST. ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST. ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY, ST. ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY, ST. ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY, ST. ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY, ST. ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY, ST. ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY, ST. ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST. ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST. ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST. ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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. 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 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

904-388-1988

CR2E034 (12/95)