## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

0416623

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

SIGNATURE:

DOCUMENT # P9500001507 (9)

INSPRO RISK SERVICES, INC.

658 BAMBOO CT. 658 BAMBOO CT. MARÇO ISLAND FL 34145 MARCO ISLAND FL 34145-3805 3. Date Incorporated or Qualified 3a. Date of Last Report 01/03/1995 08/02/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0543405 Not Applicable 26 Suite, Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Strite City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEALE, PATRICK H ESQ. 48 TEMPLEWOOD CT. 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 83 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 Sign it ire appeal or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TIFE PARKER, GLENN R 1,2 NAME **RD 2 BOX 279** 1.3 STREET ADDRESS STREET ADDRESS. RICHMOND VT 05477 1.4 CITY - \$7 - ZIP CITY ST-ZIP Change Addition DELETE 2.1 TITLE THLE D۷ COBURN, THOMAS 2.2 NAME NAAR 658 BAMBOO CT. STREET ADORESS. 2.3 STREET ADDRESS MARCO ISLAND FL 34145 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition THE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP CHY-SI-ZIP DELETE Change ☐ Addition THILE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS. CITY- \$1-20 5.4 CITY - \$1 - ZIP DELETE Change \_\_\_ Addition 6.1 TITLE THEFT NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIE 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 logal 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 chapter 4 or on an attachment with an address.