

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P95000015604 (8)**

1. Corporation Name

**BUSINESS INSURANCE SERVICES, INC.**

Principal Place of Business

**1155 S SEMORAN BLVD  
11498  
WINTER PARK FL 32792  
US**

Mailing Address

**PO BOX 2180  
GOLDENROD FL 32733  
US**

FILED  
Jul 21 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**02/24/1995**

4. FEI Number

**59-3299872**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**DULIN, RAMSEY  
201 E. PINE ST.  
SUITE 1402  
ORLANDO FL 32801**

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

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** ☐ DELETE  
NAME **GARCEAU, JOHN C**  
STREET ADDRESS **8332 AMBER OAK DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **V** ☒ DELETE  
NAME **REED, BONITA L.**  
STREET ADDRESS **285 SANDPIPER DR**  
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

*John C. Garceau* **John C. Garceau** 7/16/98 407-667-4872

CR2E034 (5/98)

(2)

## Business Insurance Services

PO Box 2180  
Goldenrod, FL 32733

Telephone 407-667-4877  
Fax 407-657-4069

July 6, 1998

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Attn: Sandra B. Mortham, Secretary of State

RE: Business Insurance Services, Inc. - FEIN 59-3299872

Dear Ms. Mortham:

Enclosed please find the annual report for the above corporation. Please be advised that we are requesting that the late fee be waived this one time, as we have no evidence of receiving any prior report packets. We have been consistent with the timeliness of filing in the past, and assure you that we would have immediately filed the annual report upon receipt, had we received one.

We apologize for any inconvenience this may cause, however, your consideration in this matter would be appreciated. Please accept our check for the filing fee of \$150.00.

Should you have any questions, or need any additional information, please feel free to contact our office.

Sincerely,



John C. Garceau  
President