

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90013 006 ***150.00

DOCUMENT # **P95000015604** ✓

1. Corporation Name

BUSINESS INSURANCE SERVICES, INC.

Principal Place of Business

1155 S SEMORAN BLVD
1149B
WINTER PARK FL 32792
US

Mailing Address

PO BOX 2180
GOLDENROD FL 32733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1995

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip

Country

28 Zip

Country

4 25

29

30

4. FEI Number

Applied For

59-3299872

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

1. 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D GARCEAU, JOHN C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	8332 AMBER OAK DRIVE	1.2 NAME	
3. CITY-STATE-ZIP	ORLANDO FL 32817	1.3 STREET ADDRESS	
4. NAME	V REED, BONITA L. <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
5. STREET ADDRESS	285 SANDPIPER DR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP	CASSELBERRY FL	2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY-STATE-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

I 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 dictated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: JOHN C. GARCEAU **7/2/99** **407-667-4877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P95000015604
582620-90013-6

Business Insurance Services, Inc
P.O. Box 2180
Goldenrod, FL 32733
Tel: 407-667-4877
Fax: 407-657-4069

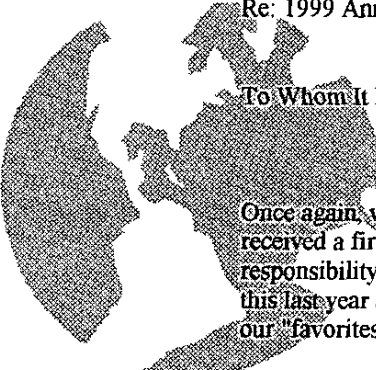
Business Insurance Services, Inc.

Friday, July 02, 1999

Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302

Re: 1999 Annual Report/Document # P95000015604

To Whom It May Concern:



Once again, we have received the "2nd Notice" for our annual corporate report without ever having received a first notice. We recently called your office and we were informed that it is our responsibility to file the report even if we have not received a first notice. We were not informed of this last year and are now filing your correspondence address and putting your internet address under our "favorites" list in order to avoid this happening one more time.

Please accept our check one more time without penalty. We again apologize. However, we are now taking steps to prevent this from ever happening again.

Sincerely,



John C. Garceau
President