FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000054326 (0)**

1. Corporation Name

NATIONAL CLAIM SERVICES, INC.

Principal Place of Business	Mailing Address
5411 TERREL LOWERY ROAD JAY FL 32565	5411 TERREL LOWERY ROAD JAY FL 32565

3. Date Incorporated or Qualified: **07/05/1995**

3a. Date of Last Report:

4. FEI Number: **59-3324338** ☐ 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

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MOORE, WALTER
5411 TERREL LOWERY ROAD
JAY FL 32565

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, WALTER	1.2 NAME	
STREET ADDRESS	5411 TERREL LOWERY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL 32565	1.4 CITY-ST-ZIP	
2 TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAZEL, KEITH R	2.2 NAME	
STREET ADDRESS	938 UNAKA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRIMAN TN 37748	2.4 CITY-ST-ZIP	
3 TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, KELVIN	3.2 NAME	
STREET ADDRESS	3928 FREEPORT PL #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23233	3.4 CITY-ST-ZIP	
4 TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, JACK	4.2 NAME	
STREET ADDRESS	215 ROUND BUTTS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RONAN MY 5968-4	4.4 CITY-ST-ZIP	
5 TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRECKENRIDGE, DEWAYNE	5.2 NAME	
STREET ADDRESS	5222 TWINWOODS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38134	5.4 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 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: X Walter Moore 01-26-96 818-516-4054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)