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 # **P95000065808 (4)**

1. Corporation Name
INDUSTRY-INSURANCE-SERVICE-INC.

Principal Place of Business
2503 DEL PRADO BLVD SUITE 500
CAPE CORAL FL 33904

Mailing Address
2503 DEL PRADO BLVD SUITE 500
CAPE CORAL FL 33904

3. Date Incorporated or Qualified: **08/24/1995**
3a. Date of Last Report:

4. FEI Number: **52-1953746** ☐ 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 6371-4 PRESIDENTIAL CT
22
23 FORT MYERS, FL
24 Zip 33919 25 County LEE

2a. Mailing Address
26 6371-4 PRESIDENTIAL CT
27
28 FORT MYERS, FL
29 Zip 33919 30 County LEE

9. Name and Address of Current Registered Agent

NICKEL, GUDRUN M
350 5TH AVE SOUTH #200
NAPLES FL 33940

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 Section 607.0502 and 607.1503, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
FROEHLIG, GOTTFRIED
2503 DEL PRADO BLVD SUITE 500
CAPE CORAL FL 33904

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

13 STREET ADDRESS: 6371-4 PRESIDENTIAL CT
14 CITY-ST-ZIP: FORT MYERS, FL 33919

14. I do hereby certify that the information supplied with this filing is true, 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 added, above.

SIGNATURE: ✓ _____ President 03/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-482-3535

CR2E034 (12/95)