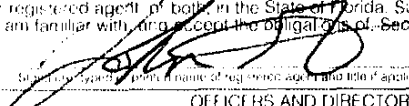
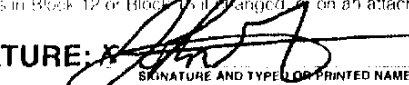


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

• PROFIT • CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000003650 (4) 1. Corporation Name CITY INSURANCE SERVICES INC			
Principal Place of Business 4064 FOREST HILL BLVD STE 1 W P B. FL 33406		Mailing Address 4064 FOREST HILL BLVD STE 1 W.P.B. FL 33406	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 1-8-96		3a. Date of Last Report 1-8-96	
4. FEI Number 65-0719372		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			
9. Name and Address of Current Registered Agent CIOFFI, JAMES A 250 TEQUESTA DRIVE SUITE 200 TEQUESTA, FL 33469		10. Name and Address of New Registered Agent 81 Name JOHN C. GEE 82 Street Address (P.O. Box Number is Not Acceptable) 3791 BEVERLY DRIVE 83 84 City LAKE WORTH FL 85 Zip Code 33461	
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  DATE 4/25/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 11 TITLE ☒ DELETE NAME BIGGINS, LAURA L STREET ADDRESS 4064 FOREST HILL BLVD CITY-STATE-ZIP W P B, FL 33406 12 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP 13 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP 14 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP 15 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☒ Change ☐ Addition NAME JOHN C. GEE STREET ADDRESS 3791 BEVERLY DRIVE CITY-STATE-ZIP LAKE WORTH, FL 33461 12 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP 13 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP 14 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP 15 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
14. 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 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. GEE Date 561-641-9406 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

CR2E034 (9/96)