Apr 22, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028038

1. Corporation Name

NW GULF COAST CLAIM SERVICES, INC.

1									
Principal Place	e of Business	Mailing Address	,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11121 (21/124)	
3881 CAPTAINS		3881 CAPTAINS COURT							
GULF BREÉZE FL 32561		GULF BREEZE FL 32501				DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			H
						04/01/1996			,
2 Principal Pi	lace of Business	2a. Mailing Address			, n. w.	4. FEI Number	A	plied For	ĺ
2. Principal Place of Business		26				59-3367649	No	t Applicable	ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> </u>		Additional =	_
		27				= 5.=Certificate of Status Desired == -	Fee R	equired	حد ا
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	•	to Fees	
Zip	Country	Zip	Col	untry		8. This corporation owes the current year Inf	angible		
24	25	29	30			Personal Property Tax.	Yes	No	١.
.=-1,	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered	Agent		ĺ '
				81	Name				İ
	SH, THEODORE L			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
3881 CAPTAINS COURT				~	Ollegi Addie	ess (F.O. Box reunider is real Acceptable)			
GULF	F BREEZE FL 32561	`		83					
•				84	City		85 Zip	Code	1
				0**	City	FL	. 03 2.1		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the a	above	-named corpo	pration submits this statement for the purpose of	changing its	registered	(
									1
Office or n	registered agent, or both, in the State t im familiar with, and accept the obligat	of Florida, Such change was a tions of, Section 607,0505, Fk	uthonze	ed by ti	the corporation	n's board of directors. I hereby accept the appoint	nimeni as re	gistereu	
agent. I a	registered agent, or both, in the State the familiar with, and accept the obligation	of Florida, Such change was to tions of, Section 607.0505, Fl	uthonze	ed by ti	the corporation	n's board of directors. I hereby accept the appoi	mment as re	gistered	
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

850 4773771