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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham

FILED Apr 09 1997 8:00am Secretary of State

COMMER	COMMERCIAL INSURANCE & RISK MANAGEMENT SERVICES COMPANY Principal Place of Business Mailing Address									
1017 E. HWY. 540A LAKELAND FL 33813 LAKELAND FL 33813-3735						¥				
						3. Date Incorpora 04/22/1996	ted or Qualified	3a. Da	te of Last F	Report
2. Principal P	Pace of Business	2a. Maili	ng Address			4. FEI Number		1	⊳	pplied For
21		26								ot Applicable
Suite, Apt.	#, Oto	Suite 27	, Apt. #, etc.			5. Certificate of St	tatus Desired			Additional equired
City & State	e	·	& State			6. Election Campa	•	r-3		May Be
Zip	Country	28 Zip		Cour	ntry	Trust Fund Con 8. This corporation Florida Statutes	n has liability for	intangible i	tax under s	to Fees s. 199.032,
24	9. Name and Address of	29 Current Registered	Agent	130)		10. Name and Add				
LEE.	°C. WILLIAM		- <u> </u>		81 Name		***************************************	· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·
1017 E. HWY. 540A LAKELAND FL 33813						dress (P.O. Box Numbe	r is Not Accepta	ible)		
•				Ĺ	83 84 City				85 Zip	Code
					1 '			FL	1 ' 1	
11. Pursuant	to the provisions of Sections 6	i07 0502 and 607.150	08. Florida Statu	tes the ab	pove-named co	progration submits this st	tatement for the		changing	its registered
11. Pursuant office or nagent (a	to the provisions of Sections 6 registered agent, or both, in the rn familiar with, and accept the	07,0502 and 607,150 e State of Florida Su e obligations of, Sect	08, Florida Statu ch change was lion 607,0505, Fl	tes, the ab authorized orida Statu	pove-named co d by the corpor utes.	progration submits this station's board of director	tatement for the s. I hereby acce		changing bintment as	its registered s registered
SIGNATURE	Signal self-specific plinted have of regis	stered agont and title if applic	able (NO	TE: Registered		guired when reinstating)		purpose of ept the appo		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR