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Mar 17 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 # **P96000036321 (3)**

1. Corporation Name
AMERICOMP INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
149-R S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114	149-R S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114-4335

3. Date Incorporated or Qualified: 04/26/1996
3a. Date of Last Report:

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

2a. Mailing Address
26: P.O. Drawer 2300
Suite, Apt. #, etc.
27:
City & State
28: Daytona Beach FL
Zip 29: 32115-2300 Country 30: USA

4. FEI Number: 59-3380476 ☐ 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

FOPPIANI, GREGORY
149-R S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	FOPPIANI, GREGORY R		1.2 NAME		
STREET ADDRESS	916 PUMA TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	32708	
TITLE	D	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOWELL, DAVID R		2.2 NAME		
STREET ADDRESS	3080 TIMPANA POINT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	SNOWDEN, RANSOM G JR.		3.2 NAME		
STREET ADDRESS	1675 BISHOP EST. RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	32259	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	LANE, FRED A		4.2 NAME		
STREET ADDRESS	4035 S. AMELIA AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	32724	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	POWELL, WILLIAM T JR.		5.2 NAME		
STREET ADDRESS	523 N. HALIFAX DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP	32176	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	HARKINS, PATRICK L		6.2 NAME		
STREET ADDRESS	1040 HOWELL HARBOR DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		6.4 CITY-ST-ZIP	32707	

CR2E034 (9/96)

14. I do 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: [signature] CEO 3/11/97 (904) 252-0090