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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036321**

1. Corporation Name

AMERICOMP INSURANCE SERVICES, INC.



Principal Place of Business 275 WILLIAMSON BLVD DAYTONA BEACH FL 32114 US	Mailing Address PO BOX 9130 DAYTONA BEACH FL 32120-130 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/26/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3380476
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FOPPIANI, GREGORY
275 WILLIAMSON BLVD
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME FOPPIANI, GREGORY R STREET ADDRESS 916 PUMA TRAIL CITY-ST-ZIP WINTER SPRINGS FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME SNOWDEN, RANSOM G JR. STREET ADDRESS 1675 BISHOP EST. RD. CITY-ST-ZIP JACKSONVILLE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME LANE, FRED A STREET ADDRESS 4035 S. AMELIA AVE. CITY-ST-ZIP DELAND FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> DELETE NAME POWELL, WILLIAM T JR. STREET ADDRESS 523 N. HALIFAX DR. CITY-ST-ZIP ORMOND BEACH FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> DELETE NAME HARKINS, PATRICK L STREET ADDRESS 1040 HOWELL HARBOR DR. CITY-ST-ZIP CASSELBERRY FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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, with all other like empowered.

CR2E034 (1/1/98)