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FILED

Apr 15 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 # P96000047727 (8)

1. Corporation Name

PREMIER INSURANCE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1740 EDGEWOOD DR., EAST
LAKELAND FL 33803

1740 EDGEWOOD DR., EAST
LAKELAND FL 33803-3412



3. Date Incorporated or Qualified

05/31/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3380363

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

10. Name and Address of New Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

81 Name Kevin R. Grimes

82 Street Address (P.O. Box Number is Not Acceptable)
1740 Edgewood Drive East

83

84 City Lakeland

FL

85 Zip Code 33803

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

1-2-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GRIMES, ROBERT M
STREET ADDRESS 1202 LAKE DEESON POINT
CITY - ST - ZIP LAKELAND FL 33805

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D/S
Grimes, Robert M.
1.3 STREET ADDRESS 1202 Lake Deeson Point
1.4 CITY - ST - ZIP Lakeland, FL 33805

TITLE D ☐ DELETE
NAME GRIMES, KEVIN R
STREET ADDRESS 6335 FORESTWOOD DR., WEST
CITY - ST - ZIP LAKELAND FL 33811

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D/P
Grimes, Kevin R.
2.3 STREET ADDRESS 6335 Forestwood Drive W.
2.4 CITY - ST - ZIP Lakeland, FL 33811

TITLE D ☐ DELETE
NAME GRIMES, PHILLIP W
STREET ADDRESS 5528 BLOOMFIELD BLVD
CITY - ST - ZIP LAKELAND FL 33809

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D/Y/T
Grimes, Phillip W.
3.3 STREET ADDRESS 5528 Bloomfield Blvd
3.4 CITY - ST - ZIP Lakeland, FL 33809

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-97

Date

941-686-5110

Daytime Phone #

CR2E034 (9/96)