FILE NOW: FILING FE		ORIDA DEPA	RTMENT OF STATE	May 01		
ANNUAL REPORT		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
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INSURANCE RECOVERY SER	ivices, inc.					
Principal Place of Business 7971 DIAMOND LEAF DR S	Mailing Ad 7971 DIA	idress MOND LEAF D			99111 99191 91191 11991 11911 19	11 1
JACKSONVILLE FL 32244 JACKSONVILLE FL 32244			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
				3. Date incorporated or Qualified 06/13/1996	1	
2. Principal Place of Business	28, Mailing 26			4. FEI Number 59-3386276		plied For Applicabl
Suite, Apt. #, etc.	27	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Fee Re	quired
City & State	City & 5	State	T	6. Election Campaign Financing Trust Fund Contribution	\$5.00	to Fees
Zip Country 25 9. Name and Address of C	2ip 29		Country 30	8. This corporation owes or has p Personal Property Tax due Jun	ne 30. 🔲 Yes 🕻	angible No
THOMPSON, JULIE A	Surrent Registered A	gent	61 Name	10. Name and Address of New F	tegistered Agent 🧳	<u>`</u>
7971 DIAMOND LEAF DR S JACKSONVILLE FL 32244			82 Street Add	Iress (P.O. Box Number is Not Accept	able)	
UNDIVUTITIELE I E DEETT			83			
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			84 City		FL 85 Zip (Code
1. Pursuant to the provisions of Sections 60 office or registered agent, or boly, in the)7.0502 and 607.1508, State of Florida, Such	, Florida Stetut change was	84 City	poration submits this statement for the atoms board of directors. I hereby acc		
11. Pursuant to the provisions of Sections 60 office or registered agent, or boly, in the agent, I amplify with, and accept the SIGNATURE	A		84 City tes, the above-named cor authorized by the corpora orida Statutes. WSi Auth	ø.	purpose of changing it ept the appointment as UZZGS	
SIGNATURE	A		84 City	ø.	purpose of changing it ept the appointment as <u>U</u> ZZ_G{	s registerec registered
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