

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90301 001 *4,500.00

DOCUMENT # P96000083702

1. Corporation Name
BANKERS CREDIT INSURANCE SERVICES, INC.

Principal Place of Business
360 CENTRAL AVENUE
ST PETERSBURG FL 33701

Mailing Address
360 CENTRAL AVENUE
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1996

4. FEI Number
59-3408516

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEXTON, C A
360 CENTRAL AVENUE
ST PETERSBURG FL 33701

81 Name
G. Kristin Delano
82 Street Address (P.O. Box Number is Not Acceptable)
360 Central Avenue
83
84 City
St. Petersburg, FL 85 Zip Code
33701

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HUSSEMAN, EDWIN C
360 CENTRAL AVE
ST PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
V
Fischer, Russell A.
360 Central Avenue
St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DELANO, G KRISTIN
360 CENTRAL AVE
ST PETERSBURG FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
Meehan, David K.
360 Central Avenue
St. Petersburg, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MCFALL, JAMES W
360 CENTRA AVE
ST PETERSBURG FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
Menke, Robert M.
360 Central Avenue
St. Petersburg, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP
MENKE, ROBERT G
360 CENTRAL AVE
ST PETERSBURG FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MEEHAN, MICHAEL P
360 CENTRAL AVE
ST PETERSBURG FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
G
HOWARD, DAVID M
360 CENTRAL AVE
ST PETERSBURG FL

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 823-4000 Ext.4416

CR2E034 (11/98)