

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 96000094528 (2) 1. Corporate Name CLAIMS PROCESSING SERVICE, INC.			
Principal Place of Business 1524 MARCO PLACE JACKSONVILLE, FL 32207-4060		Mailing Address P. O. BOX 5784 JACKSONVILLE, FL 32247-5784	
2. Principal Place of Business 21 1524 MARCO PLACE Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip Country 24 23307-4060 25 USA		26. Mailing Address 26 P. O. BOX 5784 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip Country 29 32247-5784 30 USA	
9. Name and Address of Current Registered Agent MOORE, SHIRLEY 4595 LEXINGTON AVENUE JACKSONVILLE, FLORIDA 32210		10. Name and Address of New Registered Agent 81 Name WESSELING, WILLIAM A. SR 82 Street Address (P.O. Box Number is Not Acceptable) 1524 MARCO PLACE 83 84 City JACKSONVILLE FL 85 Zip Code 32207-4060	
11. Pursuant to the provisions of Sections 607.0542 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 <i>William A. Wesseling</i> 7/24/98 Signature typed in printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 11 TITLE D <input checked="" type="checkbox"/> DELETE NAME MOORE, SHIRLEY STREET ADDRESS 4595 LEXINGTON AVENUE CITY-STATE-ZIP JACKSONVILLE, FL 32210 12 TITLE PDT <input type="checkbox"/> DELETE NAME WESSELING, WA SR STREET ADDRESS P. O. BOX 5784 1524 MARCO PL CITY-STATE-ZIP JACKSONVILLE, FL 32207-4060 13 TITLE VPDS <input type="checkbox"/> DELETE NAME WESSELING, MARY A. 24 MARCO PL STREET ADDRESS P. O. BOX 5784 1524 MARCO PL CITY-STATE-ZIP JACKSONVILLE, FL 32207-4060 14 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 15 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 16 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 800002650028 53 STREET ADDRESS -09/28/98--01068--012 54 CITY-STATE-ZIP ***150.00 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-STATE-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 amendment with an address.			
SIGNATURE <i>William A. Wesseling</i>		7/24/98 (904) 391-3207	

CR2E034 (5/98)



CLAIMS PROCESSING SERVICE, INC.
P. O. Box 5784
JACKSONVILLE, FL 32247-5784
PHONE: (904) 993-4058 • FAX: (904) 399-2977



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July 24, 1998

DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32202-1500

Re: CLAIMS PROCESSING SERVICE, INC.
P 96000094528 (2)

Gentlemen,

On Monday, July 20, 1998 I talked to someone in your department concerning the annual report which must be filled each year on my corporation. During me investigations with your department I was told that the annual report form was sent to Ms. Shirley Moore who is a secretary at the attorneys office that handled my original incorporation. I was told that last years report was evidently filed by my attorneys office and not by myself.

If my attorney forwarded the 1998 report to me for filing it was evidently either lost in the mail or delivered to some other address.

In talking to the lady in your office she stated that if I would write a letter concerning this and send the report with a check for \$150.00 that your office would allow me to pay the normal fee this year, the report must be filled on time in the future

Enclosed is the completed report and a Claims Processing Service, Inc. Check # 263 in the amount of \$150.00.

I am very sorry that this has happened and assure that it will not happen again.

Sincerely,

William A. Wesseling,
President & CEO