

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 90292 015 \*\*\*750.00

DOCUMENT # **P96000103608**

1. Corporation Name

**INSURANCE MANAGEMENT SOLUTIONS GROUP, 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

**12/26/1996**

4. FEI Number

**59-3422536**

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

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**23** City & State

City & State

**24** Zip **25** Country

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELANO, G. KRISTIN  
360 CENTRAL AVENUE  
ST PETERSBURG FL 33701**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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 **D** ☐ DELETE  
NAME **MENKE, ROBERT M**  
STREET ADDRESS **360 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **CDP** ☐ DELETE  
NAME **MEEHAN, DAVID K**  
STREET ADDRESS **360 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HUSSEY, WILLIAM D**  
STREET ADDRESS **360 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **DELANO, G KRISTIN**  
STREET ADDRESS **360 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **SVP** ☐ DELETE  
NAME **BATSON, KATHLEEN M**  
STREET ADDRESS **360 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **V** ☒ DELETE  
NAME **MOLL, KYLE S**  
STREET ADDRESS **360 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG FL**

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/27** (727) 823-4000 Ext. 4569

CR2E034 (11/98)

S12130-90292-74  
Pg 6 000103608

**INSURANCE MANAGEMENT SOLUTIONS GROUP, INC.**

D	WHITE, DANIEL J.	360 Central Avenue	St. Petersburg, FL
D	SANCHEZ, ALEJANDRO M.	360 Central Avenue	St. Petersburg, FL
D	MENKE, ROBERT G.	360 Central Avenue	St. Petersburg, FL
D	SOLOMON, E. RAY	360 Central Avenue	St. Petersburg, FL
D	GRANT, JOHN A., JR.	360 Central Avenue	St. Petersburg, FL
D/EVP	BRAGG, JEFFREY S.	360 Central Avenue	St. Petersburg, FL
S/T/SVP	KING, KELLY K.	360 Central Avenue	St. Petersburg, FL