## 2003 FOR PROFIT CORPORATION

## FILED Feb 24, 2003 8:00 am Secretary of State

DOCU	JMENT # P96000103	02-24-2003 909	•						
Principal Place of Business Mailing Address					101111	JJ 💎			
360 CENTRAL AVENUE PO. BOX. 33005 ST PETERSBURG, FL. 33701 ST PETERSBURG, FL. 33701			<del>/33-8005</del>		JUG 3				
2 Principal	Place of Buciness	D Mailing Addison	<u>_</u> .			I <b>ee</b> iee kue en	il <b>er</b> rei ibil (bb)		
2. Principal Place of Business 3. Mailing Address 801 94th Ave. N. 801 94th Ave.			_ N/_						
801 94th Ave. N. 801 94th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc.			3. NO.	☐ CHECK HERE IF MAKING CHANGES					
City & State St. Petersburg, FL City & State St. Petersbur			rg, FL		4. FEI Number 59-3422536	A	pplied For lot Applicable		
Ζip	3702 USA	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	ditional		
	6. Name and Address of Current	33702 Registered Agent	USA	]	7. Name and Address of New Registers	Fee Require	ed		
MARANDO	), ANTHONY R		Name	<del></del>	7. Italie alid Address of Iver Hegistered Agent				
-360 CENT	RAL AVENUE 901	0/+L A N	ddress (P.	O. Box Number is Not Acceptable)					
ST PETER		94th Ave. No. Petersburg,FL 3							
	ы.	recersuarg, ra							
			City			L Zip Cod			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title 1 applicable. (NOTE: Registered Agents ignature required when reinstating)  CATE									
Afta Make Chec	FILE NOW!   FEE IS \$150,00 r May 1, 2003 Fee will be \$550,00 k Payable to Florida Department a			:	Election Campaign Financing     Trust Fund Contribution.	∐ Ådde	00 May Be d to Fees		
10.	OFFICERS AND	DIRECTORS  Delete	11. TITLE		ADDITIONS/CHANGES TO OFFICERS A				
NAME STHEET ADDRESS CITY-ST-2P	MENKE, ROBERT M 360 CENTRAL AVE ST PETERSBURG, FL	∟ і Беіеже	NAME STREET ADDRESS CITY-ST-ZIP	}		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-2P	CD MEEHAN, DAVID K 360 CENTRAL AVE ST PETERSBURG, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-21P	D		⊠ Change	☐ Addition		
TITLE NAME STREET ADDRESS	D HUSSEY, WILLIAM D 350 CENTRAL AVE	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS	·	دري د در	Change	Addition		
City-st-ZP	ST PETERSBURG, FL		CAY-ST-ZIP						
TITLE NAME	V GANTLEY, ROBERT G	Delete	TITLE			☐ Change	Addition		
STREET ADDRESS	360 CENTRAL AVE		NAME Street address						
CITY-ST-ZP	SAINT PETERSBURG, FL 33701		CITY-ST-2IP	ý.			1		
TITLE	DP DAVID M	☐ Delete	TITLE	CDP		Change	Addition		
name Street address	HOWARD, DAVID M 360 CENTRAL AVE		NAME STREET ADDRESS		94th Avenue North				
CITY-ST-ZP	SAINT PETERSBURG, FL 33701		STREET ADDRESS City-St-Zip		Petersburg, FL 33702		İ		
TITLE	CFOS	☐ Delete	TITLE			☑ Change	Addition		
name Street address	MARANDO, ANTHONY R 360 CENTRAL AVE		NAME		94th Avenue North	•	_		
CITY-ST-ZP	SAINT PETERSBURG, FL 33701		STREET ADDRESS City-St-2ip	St.	Petersburg, FL 33702				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the information indicated on this report or supply mental 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 Chanter 607. Florida Statutes, and that my name appears to the legal of the corporation or the receiver of the same legal effect and that my name appears to the same legal effect and that my name appears to the same legal effect and that my name appears to the same legal effect and that my name appears to the same legal effect and that my name appears to the same legal effect as the same legal effect									

changed, or on an attachment biffy an address, with all other like empowered.

SIGNATURE:

Anthony R. Marando

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aftachmen17

Insurance Management Solutions Group, Inc. 2003 Uniform Business Report Document # P96000103608 Continuation of Sections 10 and 11

10.	Officer and Directors	<del></del>	11.	Addition 16
Title	D	<del></del>	Title	Additions/Changes to Officers and Directors in 11
Name	Solomon, Dr. E. Ray		Name	⊠ Change
Street Address	360 Central Avenue		Street Address	•
City-St-Zip	St. Petersburg, FL 33701			801 94 <sup>th</sup> Avenue North
Title	3t. 1 ctcl3bdrg, 1 2 33701		City-St-Zip	St. Petersburg, FL 33702
Name	D	Delete     Delete	Title	
	Sanchez, Alejandro M.		Name	
Street Address	360 Central Avenue		Street Address	
City-St-Zip	St. Petersburg, FL 33701		City-St-Zip	
Title	D		Title	
Name	Grant, Senator John A., Jr.		Name	⊠ Change
Street Address	360 Central Avenue		Street Address	801 94 <sup>th</sup> Avenue North
City-St-Zip	St. Petersburg, FL 33701		City-St-Zip	OUT 94 AVENUE NORTH
Title	D	· · · · · · · · · · · · · · · · · · ·	Title	St. Petersburg, FL 33702
Name	McMullen, John S.		Name	52 Change
Street Address	360 Central Avenue	•	Street Address	
City-St-Zip	St. Petersburg, FL 33701		City-St-Zip	801 94 <sup>th</sup> Avenue North
Title	<del></del>		<u> </u>	St. Petersburg, FL 33702
Name	D	<b>ß</b> -Delete	Title	
Street Address	Menke, Robert G.		Name	·
City-St-Zip	360 Central Avenue		Street Address	
	St. Petersburg, FL 33701		City-St-Zip	
Title			Title	
Name	ļ		Name	į
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