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Secretary of State

04-30-2003 90141 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024697

1. Entity Name
TURNKEY INSURANCE SERVICES, INC.

11030071

Principal Place of Business
2310 A-Z PARK ROAD
LAKELAND, FL 33801 US

Mailing Address
P.O. DRAWER 988
LAKELAND, FL 33802 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3447183 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HODGES, RICKY T
2310 A-Z PARK ROAD
LAKELAND, FL 33801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 obligations of registered agent.

SIGNATURE ______ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	AS	☐ Change ☐ Addition
NAME	HOUSER, LYNN		NAME	Deborah A. Giss	
STREET ADDRESS	2310A-Z PARK RD		STREET ADDRESS	175 Berkeley Road	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Boston, MA 02117	
TITLE	D	☐ Delete	TITLE	V	☐ Change ☒ Addition
NAME	BENNETT, ALLEN C		NAME	Thomas G. Moylan	
STREET ADDRESS	2310 A-Z PARK RD		STREET ADDRESS	175 Berkeley Road	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Boston, MA 02117	
TITLE	S	☐ Delete	TITLE	V	☐ Change ☒ Addition
NAME	CLARKE, THOMAS L JR.		NAME	Gary J. Ostrow	
STREET ADDRESS	2301 A-Z PARK ROAD		STREET ADDRESS	175 Berkeley Road	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Boston, MA 02117	
TITLE	VTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HANSELMAN, JOHN D		NAME		
STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIPE CAROL, P		NAME		
STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HODGES, RICKY T		NAME		
STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ricky T. Hodges 4/28/03 863-665-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)