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FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093125 (7)

1. Corporation Name

TRUCK INSURANCE SPECIALISTS, INC.

TRUCK INSURANCE SPECIALIST, INC.

Principal Place of Business

2909 BAY TO BAY BLVD., STE. 309
TAMPA FL 33629

Mailing Address

2909 BAY TO BAY BLVD., STE. 309
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1997

4. FEI Number

59-3481820

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 500 N. Westshore Blvd.

2a. Mailing Address

26 500 N. Westshore Blvd.

Suite, Apt. #, etc

22 Suite 600

Suite, Apt. #, etc

27 Suite 600

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33609

Country

25 USA

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., STE. 309
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

RICHARD F. KIRCHEN

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

500 N. WESTSHORE BLVD STE 600

83

84 City

TAMPA

FL

85 Zip Code

33609

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

1/12/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME KIRCHEN, RICHARD F
STREET ADDRESS 500 N. WESTSHORE BLVD., STE. 600
CITY-ST-ZIP TAMPA FL 33609

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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)(f), 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.

SIGNATURE:

REQUIRED

1/12/98

813 207 5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0382894

CR2E034 (10/97)