

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 10, 1999 8:00 am  
Secretary of State

05-10-1999 90073 002 \*\*\*150.00

DOCUMENT # P98000053370

1. Corporation Name  
ROYAL INSURANCE SERVICES, INC.



Principal Place of Business  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 33763

Mailing Address  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 33763

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DOUDNA, HEATHER L  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

81	Name	R. Maury Thornton	
82	Street Address (P.O. Box Number is Not Acceptable)	2536 Countryside Blvd	
83		6th Floor	
84	City	FL	85 Zip Code 33763

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

R. Maury Thornton

4/23/99

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	1.1 TITLE	P/D
NAME	YORK, CHRISTOPHER A	1.2 NAME	YORK, CHRISTOPHER A
STREET ADDRESS	2536 COUNTRYSIDE BLVD. 6TH FLOOR	1.3 STREET ADDRESS	2536 Countryside Blvd., Sixth Floor
CITY-ST-ZIP	CLEARWATER FL 33763	1.4 CITY-ST-ZIP	Clearwater, FL 33763
TITLE		2.1 TITLE	S/T
NAME		2.2 NAME	THORNTON, R. MAURY
STREET ADDRESS		2.3 STREET ADDRESS	2536 Countryside Blvd., Sixth Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clearwater, FL 33763
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher A. York, Pres 4/27/99 (727) 726-

Date

Daytime Phone #

0726

CR2E034 (11/98)

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