

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 03, 1999 8:00 am
Secretary of State

05-03-1999 90090 046 ***150.00

DOCUMENT # P98000058256

1. Corporation Name

REALTY INSURANCE SERVICE CENTER, INC.

Principal Place of Business

230 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

Mailing Address

230 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

59-3519360

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 2170 SR 434 W

Suite, Apt. #, etc.

22 SUITE 330

City & State

23 LONGWOOD FL

Zip

24 32779

Country

25 USA

2a. Mailing Address

26 2170 SR 434 W

Suite, Apt. #, etc.

27 SUITE 330

City & State

28 LONGWOOD FL

Zip

29 32779

Country

30 USA

9. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S
230 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME WHITE, ROBERT J
STREET ADDRESS 230 LOOKOUT PLACE, SUITE 200
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S/V ☒ Change ☐ Addition
1.2 NAME WHITE, ROBERT J
1.3 STREET ADDRESS 2170 SR 434 W SUITE 330
1.4 CITY-ST-ZIP LONGWOOD FL 32779

2.1 TITLE D/P/T ☐ Change ☒ Addition
2.2 NAME HACHENBERGER, DONALD J
2.3 STREET ADDRESS 2170 SR 434 W SUITE 330
2.4 CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME KOEPKA, ROBERT D
3.3 STREET ADDRESS 2170 SR 434 W SUITE 330
3.4 CITY-ST-ZIP LONGWOOD FL 32779

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME HARRISON, SHERRY
4.3 STREET ADDRESS 2170 SR 434 W SUITE 330
4.4 CITY-ST-ZIP LONGWOOD FL 32779

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)(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:

DONALD J. HACHENBERGER

DONALD J. HACHENBERGER

4/27/99

407-869-7664

Date

Daytime Phone #

CR2E034 (11/98)

0074541