

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 06, 1999 8:00 am
Secretary of State

05-06-1999 90292 015 ***750.00

DOCUMENT # P98000106316

1. Corporation Name

COLONIAL CLAIMS CORPORATION

Principal Place of Business

360 Central Avenue
St. Petersburg, FL 33701

Mailing Address

360 Central Avenue
St. Petersburg, FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1998

4. FEI Number

59-3548430

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

Sexton, C. Anthony
360 Central Avenue
St. Petersburg, FL 33701

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	DC	<input type="checkbox"/> DELETE
NAME	Meehan, David K.	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Bragg, Jeffrey S.	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gantley, Robert G.	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	King, Kelly K.	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Branham, J. Douglas	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Rivas, Felicia A.	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the person named in Block 12 or Block 13 is qualified to serve as a registered agent under the laws of the State of Florida. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 823-4000 Ext. 4569

Daytime Phone #

CR2E034 (1/98)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 12, 1999

COLONIAL CLAIMS CORPORATION
360 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Re: Document Number P98000106316

The Articles of Merger were filed January 12, 1999, effective January 15, 1999, for IMS COLONIAL, INC. which changed its name to COLONIAL CLAIMS CORPORATION, the surviving Florida corporation.

This document was electronically received and filed under FAX audit number H99000000685.

Should you have any further questions concerning this matter, please feel free to call (850) 487-6050, the Amendment Filing Section.

Darlene Connell
Corporate Specialist
Division of Corporations

Letter Number: 799A00001540

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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