

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S26650

(9)

1. Corporation Name

LTC INSURANCE SERVICES, INC.



Principal Place of Business

701 ENTERPRISE RD., EAST
SUITE 100
SAFETY HARBOR FL 34695

Mailing Address

701 ENTERPRISE RD., EAST
SUITE 100
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified
01/22/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3055094

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3442 N. CITRUS AVE

26 P.O. Box 1899

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 CRYSTAL RIVER

28 CRYSTAL RIVER, FL

City & State

City & State

24 Zip 34428

Country
USA

29 Zip 34423

Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALISBURY, GARY
701 ENTERPRISE RD., EAST
SUITE 100
SAFETY HARBOR FL 34695

81 Name GARY R. SALISBURY

82 Street Address (P.O. Box Number is Not Acceptable)
3442 N. CITRUS AVE

83

84 City CRYSTAL RIVER FL 85 Zip Code 34428

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, applicable

(NOTE: Registered Agent signature required with re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SALISBURY, GARY
STREET ADDRESS 701 ENTERPRISE RD., EAST
CITY-ST-ZIP SAFETY HARBOR FL 34695

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 ☒ Change ☐ Addition
1.2 NAME 3442 N CITRUS AVE
1.3 STREET ADDRESS CRYSTAL RIVER, FL 34428
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)