FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28121 (9)

1. Corporation Name:
RH CLAIM SERVICE, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 565396 ORLANDO FL 32856	P.O. BOX 565396 ORLANDO FL 32856

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1991
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 PO Box 2057	26 PO Box 2057
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Windermere FL	28 City & State: Windermere FL
24 Zip: 34786 25 County: Org	29 Zip: 34786 30 County: Org

4. FEI Number: 59-3040012 ☐ 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

9. Name and Address of Current Registered Agent

HUCKABE, RUBY H.
6355 METROWEST BLVD
STE 442
ORLANDO FL 32833

10. Name and Address of New Registered Agent

81 Name: Huckabee Ruby H
82 Street Address (P.O. Box Number is Not Acceptable): 1036 Oakdale St
83
84 City: Windermere FL 85 Zip Code: 34786

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is an entity. (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Huckabee, Ruby H ☒ Change ☐ Addition
NAME	HUCKABEE, RUBY H.	12 NAME	
STREET ADDRESS	6001 VINELAND RD.	13 STREET ADDRESS	1036 Oakdale St
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Windermere, FL 34786
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Ruby H Huckabee 4-12-95 (407) 876-0415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419074 FP