

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S62532

(4)

1. Corporation Name

ROADWAY INSURANCE SERVICES, INC.

Principal Place of Business

23122 STATE ROAD 7
SUITE 225
BOCA RATON FL 33428

Mailing Address

23122 STATE ROAD 7
SUITE 225
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1991

3a. Date of Last Report

03/04/1994

4. FEI Number

65-0269958

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCGOYE, ROBERT T.
1360 N.E. 27 TERRACE
#4
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81

Name **I. FRED ANDERSON**

82

Street Address (P.O. Box Number is Not Acceptable)

83

7401 Kimberly Blvd # 201

84

City **NORTH LAUDERDALE FL**

85

Zip Code **33068**

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

I. Fred Anderson

I. FRED ANDERSON

DATE **2-10-95**

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

MCGOYE, ROBERT T.

STREET ADDRESS

1360 NE 27 TERR. #4

CITY - ST - ZIP

POMPANO BEACH FL

TITLE

VP

NAME

ANDERSON, I. FRED

STREET ADDRESS

7401 KIMBERLY BLVD #201D

CITY - ST - ZIP

NO. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(3)(b), 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 in Block 13, changed, or in an attachment with an address.

SIGNATURE:

I. Fred Anderson

I. FRED ANDERSON

DATE **2-10-95** (407) 852-7580

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(Name)

(Signature)