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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S75052** (8)  
1. Corporation Name  
**INSURANCE MANAGEMENT INFORMATION SERVICES, INC.**



Principal Place of Business  
P.O. BOX 15707  
ST. PETERSBURG FL 33733  
US

Mailing Address  
P.O. BOX 15707  
ST. PETERSBURG FL 33733-5707  
US

3. Date Incorporated or Qualified  
**08/21/1991**

3a. Date of Last Report  
**04/27/1996**

4. FEI Number  
**59-3111643**

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  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**DELANO, G. KRISTIN**  
**380 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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC MENKE, ROBERT M.	1.1 TITLE	D, EVP.
NAME	360 CENTRAL AVE.	1.2 NAME	MENKE, ROBERT G.
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	360 Central Ave.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	DP MEEHAN, DAVID K.	2.1 TITLE	V, CFO.
NAME	360 CENTRAL AVE.	2.2 NAME	KING, KELLY K.
STREET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS	360 Central Ave.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	DT HUSSEMAN, EDWIN C.	3.1 TITLE	V, CIO
NAME	380 CENTRAL AVE.	3.2 NAME	Moll, Kyle S.
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	360 Central Ave.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	DS DELANO, G. KRISTIN	4.1 TITLE	SVP
NAME	360 CENTRAL AVE.	4.2 NAME	Batson, Kathleen M.
STREET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS	360 Central Ave.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	V MENKE, ROBERT G.	5.1 TITLE	
NAME	360 CENTRAL AVE.	5.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	V KING, KELLY K.	6.1 TITLE	
NAME	360 CENTRAL AVE.	6.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Kristin Delano 2/17/97 (813) 823-4000x4416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)