FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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STREET ADDRESS

CITY-ST-ZIP

360 CENTRAL AVE.

ST. PETERSBURG FL

Mar 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** S75052 (8) INSURANCE MANAGEMENT SOLUTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 15707 P.O. BOX 15707 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1991 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 26 59-3111643 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DELANO, G. KRISTIN 360 CENTRAL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 83 84 City 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, typod or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE 1.1 TITLE MENKE, ROBERT M. NAME 1.2 NAME 360 CENTRAL AVE. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IP 1.4 CiTY - ST - 7IP TITLE -68 DELETE 2.1 TITLE DCP Change ☐ Addition NAME MEEHAN, DAVID K. 2.2 NAME 360 CENTRAL AVE. STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE HUSSEMANN, EDWIN C. 32 NAME 360 CENTRAL AVE. STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE DELANO, G. KRISTIN 4. 2 NAME STREET ADDRESS 360 CENTRAL AVE. 4.3 STREET ADDRESS ST. PETERSBURG FL 4.4 CITY-ST-ZiP CITY-ST-ZIP DFLETE 5.1 TITLE **Change** Addition MENKE, ROBERT G NAME 5.2 NAME 360 CENTRAL AVE. STREET ADDRESS 5.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 5.4 CITY-ST-ZIP **VCFO** DELETE 61 TITLE Change Addition TITLE KING, KELLY K. NAME 62 NAME

FILED

Block 12 or Block 13 if changed, or on an attachment with an address.

1/30/98 813 823-4000 x 4416

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

6.3 STREET ADDRESS

INSURANCE MANAGEMENT SOLUTIONS, INC.

D	HUSSEY, WILLIAM D.	360 Central Avenue	St. Petersburg, FL
D	SOLOMON, E. RAY	360 Central Avenue	St. Petersburg, FL
D-EV	P BRAGG, JEFFREY S.	360 Central Avenue	St. Petersburg, FL
D	GRANT, JOHN G., JR.	360 Central Avenue	St. Petersburg, FL
SVP	BATSON, KATHLEEN M.	360 Central Avenue	St. Petersburg, FL
V	DAVIS, HOWARD B.	360 Central Avenue	St. Petersburg, FL
٧	GANTLEY, ROBERT G.	360 Central Avenue	St. Petersburg, FL
V	MOLL, S. KYLE	360 Central Avenue	St. Petersburg, FL
AS	SOUTHEY, ROBERT G.	360 Central Avenue	St. Petersburg, FL