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PROFIT ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$75052

1. Corporation Name

INSURANCE MANAGEMENT SOLUTIONS, INC.

| Principal Place | e of Business | Mai | ling Address | ~- | | | | 1 1991 | (8)8 ()! (#88) 61 | | | | |
|--|--|---------------|---------------------|---|--|---|--|----------------------------------|---------------------------------|------------------------|------------------|----------------------------|-------------------------------------|
| P.O. BOX 15707 | 7 | P.O. | BOX 15707 | | | | | | | | | | |
| ST. PETERSBUR | RG FL 33733 | - | Petersburg fl 33 | 1733 | | | | | | | | | |
| US | | US | | | | | | | | | TE IN TH | S SPACE | |
| | | | | | | | | 3. Date Inco 08/21/1 | | Qualifed | | | |
| 2. Principal Pl | lace of Business | 2a. | Mailing Address | | | | | 4. FEI Num | | | | A | pplied For |
| 21 | | 26 | | | | | | 59-311 | 16 <u>43</u> | | | N | ot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | 5. Certifcate | of Status D | esired | | • | Additional |
| 22 | | 27 | | | | | | J. Certificate | O Status D | | | Fee R | equired |
| City & State | e | | City & State | | | | | 6. Election 6 | Campaign Fi | nancing | | \$5.00 | May Be |
| 23 | | 28 | | | | | | Trust Fur | d Contribution | on | Ч | Added | to Fees |
| Zip | Country | | Zip | Co | untry | | | 8. This corp | oration owes | the curr | ent year l | ntangible | |
| 24 | 25 | 29 | | 30 | | | | Personal | Property Tax | κ. | | I ∏Yes | □No |
| | 9. Name and Address of Curr | ent Regist | ered Agent | | | | | 10. Name ar | d Address | of New F | Registere | d Agent | - |
| | | | | | 81 | Name | | | | | | | |
| | ANO, G. KRISTIN | | | | 82 | Stroot | Address | s (P.Q. Box N | umber is No | t Accents | able) | | |
| | CENTRAL AVENUE | | | | 02 | Street . | Address | s (F.O. DOX 14 | ullipel 13 140 | . Accepte | 2010) | | |
| ST. F | PETERSBURG FL 33701 | | | | 83 | | | | | | | | |
| | | | | | | | | | | | | [aa] 77 | |
| | | | | | 84 | City | | | | | F | 85 Zip | Code |
| office or r | to the provisions of Sections 607.0 egistered agent, or both, in the Star | te of Florids | a. Such change wa | s authorize | สหงเ | -named the corpo | corpora oration's | ition submits s board of dire | this statemer ectors. I here | nt for the by accep | numose | of changing it | s registered egistered |
| agent. 1 ai | m familiar with, and accept the obli | gations of, | Section 607.0505, | Florida Sta | tutes. | | | | | | | | |
| CIONATURE | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | han rainatation\ | | | DATE | | |
| | Signature, typed or printed name of registered a | - | <u></u> | | | signature r | required wh | hen reinstating) | S/CHANGE | S TO OF | DATE FICERS A | AND DIRECT | ORS IN 12 |
| 12. | OFFICERS / | - | TORS | 13 | | signature r | required wh | | S/CHANGE | S TO OF | | AND DIRECT | ORS IN 12 |
| 12. | OFFICERS / | - | <u></u> | 13 1.1 T | ITLE | signature r | required wh | | S/CHANGE | S TO OF | | | |
| 12. ' TITLE NAME | OFFICERS A D MENKE, ROBERT M. | - | TORS | 13 1.11 1.21 | ITLE IAME | | required wh | | S/CHANGE | S TO OF | | | |
| 12. | D MENKE, ROBERT M. 360 CENTRAL AVE. | - | TORS | 13 1.11 121 135 | ITLE IAME | ADDRESS | required wh | | S/CHANGE | S TO OF | | | |
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| 12. TITLE NAME STREET ADDRESS | D MENKE, ROBERT M. 360 CENTRAL AVE. ST. PETERSBURG FL DCP | - | TORS | 13 1.11 1.21 1.35 1.40 2.11 | ITLE IAME TREET | ADDRESS | required wh | | S/CHANGE | S TO OF | | | |
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SIGNATURE: SIGNATURE AND TYPED OR PRHYED NAME OF SIGNING OFFICER OR DIRECTOR

14. 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 with all other like empowered. (727) 823-4000 Ext. 4569

INSURANCE MANAGEMENT SOLUTIONS, INC.

| Đ | SANCHEZ, ALEJANDRO, M. | . 360 Central Avenue | St. Petersburg, FL |
|-------|------------------------|----------------------|--------------------|
| D | SOLOMON, E. RAY | 360 Central Avenue | St. Petersburg, FL |
| D/EVF | PBRAGG, JEFFREY S. | 360 Central Avenue | St. Petersburg, FL |
| D | GRANT, JOHN A., JR. | 360 Central Avenue | St. Petersburg, FL |
| SVP | BATSON, KATHLEEN M. | 360 Central Avenue | St. Petersburg, FL |
| ٧ | DAVIS, HOWARD B. | 360 Central Avenue | St. Petersburg, FL |
| ٧ | MOLL, S. KYLE | 360 Central Avenue | St. Petersburg, FL |
| ٧ | GANTLEY, ROBERT G. | 360 Central Avenue | St. Petersburg, FL |
| ٧ | WOMBLE, KAY L. | 360 Central Avenue | St. Petersburg, FL |
| ٧ | LUNN, BRUCE R. | 360 Central Avenue | St. Petersburg, FL |