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 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31113 (6)

1. Corporation Name
STAFF INSURANCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
4010 N. STATE SUITE #12 TAMPA FL 33609 US	4010 N. STATE TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1992
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21: 4010 W STATE; 22: Suite, Apt. #, etc.; 23: City & State: TAMPA FL; 24: Zip: 33609; 25: Country: ~~US~~
2a. Mailing Address — 26: 4010 W STATE; 27: Suite, Apt. #, etc.; 28: City & State: TAMPA FL; 29: Zip: 33609; 30: Country: HILLSBOROUGH

4. FEI Number: 59-3119111 ☐ 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

GOODRICH, LAURENCE I.
100 S. ASHLEY DR.
SUITE 1745
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: HOLCOMB, VICTOR W
82 Street Address (P.O. Box Number is Not Acceptable): 415 SOUTH HYDE PARK
83:
84 City: TAMPA FL 85 Zip Code: 33606

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: Victor W Holcomb — 4-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	VOCPI, DAVID	1.2 NAME	VOLPI, DAVID
STREET ADDRESS	3911 SWANN	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, WILLIAM	2.2 NAME	
STREET ADDRESS	901 VALMAR ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, WILLIAM	3.2 NAME	
STREET ADDRESS	5820 DORY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	AUST, DENNIS	4.2 NAME	
STREET ADDRESS	3003 SAMARA	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 authorized 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: [signature] 4/14/95 (813) 289-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420615 FF