

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

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**96 JAN 29 PM 2: 32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # F93000005197 (9)**

1. Corporation Name  
**SERVICE CONTRACT INDUSTRY COUNCIL, INC.**

Principal Place of Business: **204 SOUTH MONROE STREET TALLAHASSEE FL 32301**  
Mailing Address: **204 SOUTH MONROE STREET TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified: **11/16/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3190625**  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **MEENAN, TIMOTHY J, 204 SOUTH MONROE STREET TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: \_\_\_\_\_ DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-STATE-ZIP	Change Addition
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	Change Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	2.4 CITY-STATE-ZIP	Change Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	Change Addition
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-STATE-ZIP	Change Addition
STREET ADDRESS	STREET ADDRESS	5.1 TITLE	Change Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	5.4 CITY-STATE-ZIP	Change Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	6.1 TITLE	Change Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	Change Addition

~~700001728747~~  
~~-03/01/96--01014--011~~ Change Addition  
\*\*\*322.50

500001728755  
-03/01/96--01014--011  
\*\*\*322.50

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)(k), 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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (12/95)

*Handwritten initials*