

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G06573

**Entity Name:** AMERICAN INSURANCE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1093 CLUBHOUSE BLVD  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

1093 CLUBHOUSE BLVD  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 59-3349750

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUGHES, F. I.  
1093 CLUBHOUSE BLVD  
NEW SMYRNA BEACH, FL 32168 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** F. I. HUGHES

01/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HUGHES, F.I.  
Address 1093 CLUBHOUSE BLVD.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP  
Name SPOON, TERRI  
Address 5870 SHALE COURT  
City-State-Zip: WINTER PARK FL 32792

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** F. I. HUGHES

PRESIDENT

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date