FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **173884** **(8)**

1. Corporation Name

SMITH-LESHER INSURANCE, INC.

Principal Place of Business	Mailing Address
671 GOODLETTE ROAD N. #130 NAPLES FL 33940-5615 US	P. O. DRAWER 1587 NAPLES FL 33939-1587 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/01/1953**

3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-0701685** ☐ 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

RALEY, JAMES M. J
671 GOODLETTE RD., N.
SUITE 130
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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

Signature, typed or printed name of registered 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	
TITLE	CPDT	11 TITLE	V ☐ Change ☐ Addition
NAME	RALEY, JAMES M., JR.	12 NAME	NIXON, WILLIAM A.
STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130	13 STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	NAPLES FL 33940
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SPROUSE, DONALD C	22 NAME	DELETE
STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	VDS	31 TITLE	☐ Change ☐ Addition
NAME	BRITTON, WILLIAM R., JR.	32 NAME	V
STREET ADDRESS	6745 N. BALTUSROL LANE	33 STREET ADDRESS	BENZA, STEPHEN J.
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	671 GOODLETTE RD., N., SUITE 130 NAPLES FL 33940
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ADAIR, CATHERINE M.	42 NAME	DELETE
STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	STUEK, JEFFRY H.	52 NAME	DELETE
STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	V ☐ Change ☐ Addition
NAME		62 NAME	LOUX, LINDA B.
STREET ADDRESS		63 STREET ADDRESS	671 GOODLETTE RD., N., SUITE 130
CITY-ST-ZIP		64 CITY-ST-ZIP	NAPLES FL 33940

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: _____ JAMES M RALEY, JR. 4/24/95 813/262-7171

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0461074 FP