FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **706068** **(4)**

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, INC.

Principal Place of Business	Mailing Address
8305 N. RIVER HIGHLANDS PL. P.O. BOX 290013 TAMPA FL 33617	8305 N. RIVER HIGHLANDS PL. P.O. BOX 290013 TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1963
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-6139291 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

HEBERT, TERILEE H.
8305 N. RIVER HIGHLANDS PL.
TAMPA FL 33617

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	PD	1.1 TITLE	☑ Change ☐ Addition PD
NAME	LANE-SCHMALTZ, PATRICIA	1.2 NAME	James Delmolino
STREET ADDRESS	1620 E. ADAMO DR.	1.3 STREET ADDRESS	3723 Temple Street
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	~~Tampa, FL 33619~~
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	HEBERT, TERILEE H.	2.2 NAME	
STREET ADDRESS	8305 N. RIVER HIGHLANDS	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PED	3.1 TITLE	☑ Change ☐ Addition PED
NAME	DELMOLINO, JAMES	3.2 NAME	Staige Hoffman
STREET ADDRESS	3723 TEMPLE STREET	3.3 STREET ADDRESS	3602 W. Kennedy Blvd
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	VD	4.1 TITLE	☑ Change ☐ Addition VD
NAME	HOFFMAN, STAIGE	4.2 NAME	Leslie Saunders
STREET ADDRESS	3602 N. KENNEDY BLVD.	4.3 STREET ADDRESS	3820 Northdale Blvd., #103-A
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	~~Tampa, FL 33624~~
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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terilee H. Hebert 4-18-95 (813) 933-0841
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGER, OFFICER OR DIRECTOR — Date — Daytime Phone #
(TERILEE H. HEBERT)

0064417