

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 11:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F76970 (5)**

1. Corporation Name  
**CONSUMERS INSURANCE AGENCY, INC.**

Principal Place of Business      Mailing Address  
**806 PLUM TREE LANE      806 PLUM TREE LANE  
SARASOTA FL 34243      SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/20/1982      04/20/1994**

2. Principal Place of Business      2a. Mailing Address

21.      26.      Applied For  
Suits, Apt. #, etc.      Suits, Apt. #, etc.      Not Applicable

22.      27.      5. Certificate of Status Desired            \$8.75 Additional  
City & State      City & State      Trust Fund Contribution            Fee Required

23.      28.      6. Election Campaign Financing      \$5.00 May Be  
City & State      City & State      Trust Fund Contribution            Added to Fees

24.      25.      29.      30.      8. This corporation has liability of intangible tax under S. 199.032,  
Zip      Country      Zip      Country      Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**SILVERMAN, SCOTT R.  
806 PLUM TREE LANE  
SARASOTA FL 34243**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.        
84. City      85. Zip Code  
**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      SD  
NAME      SILVERMAN, LORENE E  
STREET ADDRESS      806 PLUM TREE LANE  
CITY - ST - ZIP      SARASOTA, FL 00000

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE      PD  
NAME      SILVERMAN, SCOTT  
STREET ADDRESS      806 PLUM TREE LANE  
CITY - ST - ZIP      SARASOTA, FL 00000

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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: Scott R. Silverman      4-15-95      813-351-2544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #