FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92233** **(6)**

1. Corporation Name
C & N INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
106 SOUTH ST PO BOX 1047 DADE CITY FL 33526-6047	106 SOUTH ST PO BOX 1047 DADE CITY FL 33526-6047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 14150 - 6th Street	26 14150 - 6th Street
Suite, Apt. #, etc. 22 Same	Suite, Apt. #, etc. 27 Same
City & State 23 Same	City & State 28 Same
Zip / Country 24 33525 / 25 Same	Zip / Country 29 33526-1047 / 30 Same

4. FEI Number: 59-2624859 ☐ 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	10. Name and Address of New Registered Agent
SUMNER, ROBERT D. 106 SIXTH STREET DADE CITY FL 33525	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): 14150 - 6th Street 83 84 City: Same FL 85 Zip Code: Same

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: Robert D. Sumner — Robert D. Sumner — January 10, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	NEUKOM, GEORGE A., JR.	12 NAME	
STREET ADDRESS	38440 5TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CHILDERS, JAMES W.	22 NAME	
STREET ADDRESS	8604 HANDCART RD.	23 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Timothy W. Childers, President 8-13-95 (813) 782-2915
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0286487 CP