

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J34107 (9)**
1. Corporation Name
A+ INSURANCE SERVICES OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
2075 N LECANTO HWY #5 LECANTO, FL 34461 P O BOX 1119 INVERNESS FL 32651 US	2075 N LECANTO HWY #5 LECANTO, FL 34461 P O BOX 1119 INVERNESS FL 32651 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/19/1986	3a. Date of Last Report 04/18/1994
4. FEI Number 59-2720562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 A+ INS. SVC OF C.F./INC	26 A+ INS. SVC OF C.F./INC.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 2071 N. LECANTO HWY	27 P.O. BOX 1119		
City & State	City & State		
23 LECANTO FL	28 INVERNESS, FL		
Zip	Country	Zip	Country
24 34461	25 CITRUS	29 34451	30 CITRUS

9. Name and Address of Current Registered Agent
SMITH, ROSLYN
2071 N LECANTO HWY
LECANTO FL 32661

10. Name and Address of New Registered Agent

81 Name	ROSCYN SMITH
82 Street Address (P.O. Box Number is Not Acceptable)	2071 N. LECANTO HWY
83	SUNSHINE PLAZA
84 City	LECANTO FL
85 Zip Code	34461

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROSLYN	1.2 NAME	
STREET ADDRESS	6724 E.GLENCOE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES W.	2.2 NAME	
STREET ADDRESS	6724 E.GLENCOE ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKART, DONNA L.	3.2 NAME	
STREET ADDRESS	808 OLD FLORAL CITY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EDWARD S.	4.2 NAME	
STREET ADDRESS	6724 E GLENCOE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *Roslyn Smith*
ROSCYN SMITH PRESIDENT
4/28/95 - 904-746-
1998