

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
Telephone: 904-493-1200

APPROVED

DOCUMENT # **P94000005305 (5)**

THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.

05/01/95 7:45
STATE OF FLORIDA

1. Principal Office of Incorporation 1386 S. SAXON BLVD DELTONA FL 32725		2. Mailing Address 1386 S. SAXON BLVD. DELTONA FL 32725		3. Date incorporated or qualified 01/13/1994	3a. Date of Last Report
2. Principal Office of Incorporation 21	2b. Mailing Address 26	4. File Number 59-3227963	Applied For Not Applicable		
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	25	29	30	6. This corporation has liability for nonpayment of taxes of Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RODRIGUEZ, JULIAN 1386 S. SAXON BLVD. DELTONA FL 32725				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
FL					

11. Pursuant to the provisions of Sections 607.01(4) and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or residence to that of 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 607.01(4), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
TITLE	P	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, JULIAN	NAME	Julian E. Rodriguez
STREET ADDRESS	1386 S. SAXON BLVD.	STREET ADDRESS	1386 S. Saxon Blvd.
CITY, STATE, ZIP	DELTONA FL 32725	CITY, STATE, ZIP	Deltona, FL 32725
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ELAINE Y	NAME	
STREET ADDRESS	1386 S. SAXON BLVD.	STREET ADDRESS	
CITY, STATE, ZIP	DELTONA FL 32725	CITY, STATE, ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ROSA B	NAME	
STREET ADDRESS	1386 S. SAXON BLVD.	STREET ADDRESS	
CITY, STATE, ZIP	DELTONA FL 32725	CITY, STATE, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(4), Florida Statutes. I further certify that the information is correct as the 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. I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Director, Trustee, or an officer or trustee with an address.

SIGNATURE *Julian Rodriguez* Julian Rodriguez 05/01/95 (904) 774-2864
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR