[illegible] FEE AFTER MAY 1, [illegible]

TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S32928 (1)

1. Corporation Name

INTERNATIONAL SPECIALTY UNDERWRITERS, INC.

Principal Place of Business

9428 BAYMEADOWS RD
SUITE 173
JACKSONVILLE FL 32256

Mailing Address

9428 BAYMEADOWS RD.
SUITE 173
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1991

3a. Date of Last Report: 04/19/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Date Apt. # or — 22

Date Apt. # or — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 59-3081043

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. [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILBUR, JOHN H., JR.
9428 BAYMEADOWS RD.
S-113
JACKSONVILLE FL 32256

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 Section [illegible], 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 duties of Section [illegible], Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILBUR, JOHN H., JR.
STREET ADDRESS	9428 BAYMEADOWS RD.,#113
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as officer or director of the above corporation in accordance with Section [illegible], Florida Statutes. I further certify that the information indicated on this report or supplemental report complies with Section [illegible], Florida Statutes, and that my name appears in Block 12 or Block 13 hereof as an officer or director with compensation.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1995 904-739-8298

002113M CP