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

APPROVED AND FILED

95 APR -7 AM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87080** **(5)**

1. Corporation Name

NATIONAL AGENTS NETWORK, INC.

Principal Place of Business	Mailing Address
~~1840 MISTY MORN PL~~ LONGWOOD FL 32779 US	~~P O BOX 915640~~ ~~LONGWOOD FL 32791-5640~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/14/1991	04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 2273 Alaqua DR.	26 2273 Alaqua DR.
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 Longwood, Florida	28 Longwood Florida
24 Zip 32779 / 25 Country USA	29 Zip 32779 / 30 Country USA

4. FEI Number **59-3087982** ☐ 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

PEDIGO, RUTH ANN
~~1840 MISTY MORN PL~~
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: Ruth Ann Pedigo
82 Street Address (P.O. Box Number is Not Acceptable): 2273 Alaqua DR.
83
84 City: Longwood FL 85 Zip Code: 32779

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: Ruth A Pedigo 4/3/95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDST	11 TITLE	☒ Change ☐ Addition
NAME	PEDIGO, RUTH ANN	12 NAME	
STREET ADDRESS	~~1840 MISTY MORN PL~~	13 STREET ADDRESS	2273 Alaqua DR.
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	Longwood, FL 32779
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	PEDIGO, JAMES P	22 NAME	
STREET ADDRESS	~~1840 MISTY MORN PL~~	23 STREET ADDRESS	2273 Alaqua DR.
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	Longwood, FL 32779
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: Ruth A Pedigo 4/3/95 407-333-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

Ruth Ann Pedigo

0410510 FP