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
95 FEB 17 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 208886 (2)

1. Corporation Name
INSURANCE PROGRAMS, INC.

Principal Place of Business	Mailing Address
3159 SHAMROCK DRIVE SOUTH PO BOX 12129 TALLAHASSEE FL 32317	3159 SHAMROCK DRIVE SOUTH PO BOX 12129 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1958
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1266114	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MCCUE, WILLIAM G JR
3159 SHAMROCK DRIVE,S.
TALLAHASSEE FL 32308

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCUE, WILLIAM G. JR	1.2 NAME	
STREET ADDRESS	3159 SHAMROCK DR S.	1.3 STREET ADDRESS	See attached sheet.
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, ROBERT JR.	2.2 NAME	
STREET ADDRESS	3159 SHAMROCK DR S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, RICHARD W JR	3.2 NAME	
STREET ADDRESS	7220 SW 6TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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] 2/10/95 893-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D0291T16 CP

INSURANCE PROGRAMS, INC. OFFICERS AND DIRECTORS

1994-1995

PRESIDENT

William G. McCue, Jr., AAI
FAIA
3159 Shamrock South
Tallahassee 32308
(904) 893-4155
FAX: (904) 688-2652

VICE PRESIDENT

Ted R. Ostrander, Jr., AAI, CIC
Lassiter-Ware, Inc.
1317 Citizens Boulevard
Leesburg 34748
(904) 787-3441
FAX: (904) 365-0586

SECRETARY AND TREASURER

Linda A. Pate
FAIA
3159 Shamrock South
Tallahassee 32308
(904) 893-4155
FAX: (904) 688-2652

DIRECTORS

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Lanier Upshaw, Inc.
1129 U.S. Highway 98 South
Lakeland 33801
(813) 686-2113
FAX: (813) 682-6292

Barbara B. Hall, CPIW, CIC
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FAX: (904) 373-3481