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 20 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 229892 (5)

1. Corporation Name

EMPLOYEES FIRST INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
C/O JOHN C. TRAMMEL 215 S. OLIVE AVENUE WEST PALM BEACH, FLA 33401	C/O JOHN C. TRAMMEL 215 S. OLIVE AVENUE WEST PALM BEACH, FLA 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1959
3a. Date of Last Report: 02/24/94

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-6060167 ☐ 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	10. Name and Address of New Registered Agent
TRAMMEL, JOHN C 215 S. OLIVE AVENUE WEST PALM BEACH, FL 33401	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/D	11 TITLE	☐ Change ☐ Addition
NAME	TRAMMEL JOHN C	12 NAME	
STREET ADDRESS	9404 LONGMEADOW CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TRAMMEL, JOHN	22 NAME	
STREET ADDRESS	9404 LONG MEADOW CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	
TITLE	V/D	31 TITLE	☐ Change ☐ Addition
NAME	RUDY JOHN A	32 NAME	
STREET ADDRESS	1975 PARKSIDE CIRCLE S	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	S/D	41 TITLE	☐ Change ☐ Addition
NAME	BAKER, CLYNELL	42 NAME	
STREET ADDRESS	9 LAKESHORE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	HYPOLUXO FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	GADDONI, CECELIA	52 NAME	
STREET ADDRESS	2600 EXUMA ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DAVIS LOUIS OJR.	62 NAME	
STREET ADDRESS	127 THORNTON DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDNES FL	64 CITY-ST-ZIP	

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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: John C. Trammel 04/14/95 407-655-8511
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

John C. Trammel, President/Director

SW 4-20-95