FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **229892** **(5)**

1. Corporation Name

EMPLOYEES FIRST INSURANCE AGENCY, INC.

Principal Place of Business
C/O JOHN C. TRAMMEL
215 SOUTH OLIVE AVE.
WEST PALM BEACH FL 33401

Mailing Address
C/O JOHN C. TRAMMEL
215 SOUTH OLIVE AVE.
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 11/05/1959
3a. Date of Last Report: 04/20/1995

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

TRAMMEL JOHN C
215 S OLIVE AVE
W PALM BEACH FL 34401

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: John C. Trammel — President — March 1, 1996
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	TRAMMEL, JOHN C	
STREET ADDRESS	9404 LONGMEADOW CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☐ DELETE
NAME	TRAMMEL, JOHN	
STREET ADDRESS	9404 LONG MEADOW CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	☐ DELETE
NAME	RUDY, JOHN A	
STREET ADDRESS	1975 PARKSIDE CIRCLE S.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	☒ DELETE
NAME	BAKER, CLYNELL	
STREET ADDRESS	9 LAKESHORE DRIVE	
CITY-ST-ZIP	HYPOLUXO FL	
TITLE	T	☐ DELETE
NAME	GADDONI, CECELIA	
STREET ADDRESS	2600 EXUMA ROAD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	☐ DELETE
NAME	DAVIS, LOUIS O JR.	
STREET ADDRESS	127 THORNTON DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P D	☒ Change ☐ Addition
2.2 NAME	Trammel, John C	
2.3 STREET ADDRESS	6405 Indian Wells Blvd.	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	Andruzzi, Kim	
4.3 STREET ADDRESS	9398 Longmeadow Cir.	
4.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 — John C. Trammel-President — 3/1/96 — (407) 650-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)