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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:15

DOCUMENT # 260515 (2)

1. Corporation Name
BEN BROWN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
3135 SOUTH GATE CIRCLE SARASOTA FL 34239	3135 SOUTH GATE CIRCLE SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1962	3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-0807106	☐ 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	

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BROWN,BEN S
3135 SOUTH GATE CIRCLE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: Brown, Michael B.
82 Street Address (P.O. Box Number is Not Acceptable): 3135 Southgate Circle
83
84 City: Sarasota FL 85 Zip Code: 34239

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 _____ 1/16/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BROWN, MICHAEL B	1.2 NAME	Brown, Michael B.	
STREET ADDRESS	3135 S GATE CIR	1.3 STREET ADDRESS	3135 Southgate Cir.	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL. 34239	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BROWN, RUSSELL E (ASST)	2.2 NAME	Brown, Russell E. (delete ASST)	
STREET ADDRESS	3135 S GATE CIR	2.3 STREET ADDRESS	3135 Southgate Cir.	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL. 34239	
TITLE	PD	3.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, BEN S	3.2 NAME	Brown, Ben S. (Delete -deceased)	
STREET ADDRESS	3135 S GATE CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	DONNELLY, NORMAN E JR	4.2 NAME		
STREET ADDRESS	3135 S GATE CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	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: _____ 1/16/95 813-366-9377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0485440 FP