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 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **280097** **(7)**

1. Corporation Name
CENTRAL FLORIDA UNDERWRITERS INC

Principal Place of Business	Mailing Address
1234 1/2 E LIME ST PO BOX 830 LAKELAND FL 33802	1234 1/2 E LIME ST PO BOX 830 LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1964
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business	2a. Mailing Address
21 440 SOUTH FLORIDA AVE.	26 440 SOUTH FLORIDA AVE
Suite, Apt. #, etc. 22 P.O. BOX 830	Suite, Apt. #, etc. 27 P.O. BOX 830
City & State 23 LAKELAND, FLORIDA	City & State 28 LAKELAND, FLORIDA
Zip / Country 24 33802 / 25 POLK	Zip / Country 29 33802 / 30 POLK

4. FEI Number: 59-1109175 ☐ 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
MARTIN,H O 4716 HULSE LANE LAKELAND FL 33813	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: H.O. MARTIN - O.K. Martin (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when new address) DATE: April 2, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	PRIDGEN, JACK	12 NAME	
STREET ADDRESS	9409 VERNON DRIVE	13 STREET ADDRESS	
CITY ST ZIP	GREAT FALLS, VA 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MARTIN, H O	22 NAME	
STREET ADDRESS	4716 HULSE LANE	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MARTIN, MARK A	32 NAME	
STREET ADDRESS	5828 WINDWOOD DRIVE	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MARTIN, BRANT C.	42 NAME	
STREET ADDRESS	140 EAST CHRISTINA BLVD.	43 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	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: O.K. Martin, PRESIDENT (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) April 2, 1995 (Date) (813)699-2691 (Daytime Phone #)

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