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 FEB 24 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT ***360.00 SP ***200.00

DOCUMENT # 299165 (1)

1. Corporation Name
FERMAN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1321 TAMPA FL 33601	P.O. BOX 1321 TAMPA FL 33601

3. Date Incorporated or Qualified: **11/30/1965**
3a. Date of Last Report: **02/18/1994**

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

4. FEI Number: **59-1259236** ☐ 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

UITERWKY, STEVEN A.
1307 W. KENNEDY BLVD.
TAMPA FL 33606

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 restating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	Asst-S	☐ Change ☒ Addition
NAME	FERMAN SR,JAMES L	12 NAME	Uiterwyk, Steven A.	
STREET ADDRESS	1307 W KENNEDY BLVD	13 STREET ADDRESS	1307 W. Kennedy Blvd.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33601	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	FERMAN JR,JAMES L	22 NAME		
STREET ADDRESS	1307 W KENNEDY BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	FERMAN,MARTHA S	32 NAME		
STREET ADDRESS	1307 W KENNEDY BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	FERMAN, CECELIA D.	42 NAME		
STREET ADDRESS	1307 W KENNEDY BLVD.	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JANICE F. STRASKE	52 NAME		
STREET ADDRESS	1307 W KENNEDY BLVD	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LAURA F. FARRIOR	62 NAME		
STREET ADDRESS	1307 W KENNEDY BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	64 CITY ST ZIP		

SSJ 2/24/95

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: James L. Ferman Jr. James L. Ferman Jr. Pres. 01/23/95 (813)251-2765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0606410 CP