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 19 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 305354 (3)

1. Corporation Name
RUHL W. KOBLEGARD AGENCY, INC.

Principal Place of Business
~~117 S 2ND ST #207~~
~~FT. PIERCE FL 34950-1303~~

Mailing Address
~~117 S 2ND ST #207~~
~~FT. PIERCE FL 34950-1303~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1966
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 1008 S 12th St
Suite, Apt. #, etc.
22
City & State
23 Fort Pierce Fl
Zip
24 34950
Country
25 St Lucie

2a. Mailing Address
26 1008 S 12th St
Suite, Apt. #, etc.
27
City & State
28 Fort Pierce, Fl
Zip
29 34950
Country
30 St. Lucie

4. FEI Number: 59-1141964 — 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

KOBLEGARD, RUHL W
1008 S 12TH ST
FT. PIERCE FL 34950

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 Ruhl W Koblegard, Pres
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KOBLEGARD, RUHL W, III
STREET ADDRESS	1005 S 12TH ST
CITY-ST-ZIP	FT PIERCE FL
TITLE	PD
NAME	KOBLEGARD, RUHL W
STREET ADDRESS	1008 S 12TH STREET
CITY-ST-ZIP	FT PIERCE FL
TITLE	SD
NAME	KOBLEGARD, HAZEL K.
STREET ADDRESS	1008 S 12TH ST.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	STD
NAME	PYLES, CHRISTINE K.
STREET ADDRESS	801 S. OCEAN DRIVE #401
CITY-ST-ZIP	FT. PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: Ruhl W Koblegard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ruhl W Koblegard

04-14-95 — Date
407 461 7481 — Daytime Phone #