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 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **327418** **(0)**

1. Corporation Name

COMMERCIAL GENERAL AGENCY, INC.

Principal Place of Business	Mailing Address
3810-3 WILLIAMSBURG PARK BLVD JACKSONVILLE FL 32257 US	3810-3 WILLIAMSBURG PARK BLVD JACKSONVILLE FL 32257 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1968
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 3820-2 WILLIAMSBURG PARK BLVD	26 8060 165TH AVE N.E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #101
City & State 23	City & State 28 REDMOND, WA
Zip 24 / Country 25	Zip 29 98052 / Country 30

4. FEI Number: 59-1206447 — ☐ 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
WOLF, IRVIN III 3810-3 WILLIAMSBURG PARK BLVD JACKSONVILLE FL 32257 1	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3820-2 WILLIAMSBURG PARK BLVD 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 required if name of registered agent is being changed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LANKFORD, H. RAYMOND	12 NAME	
STREET ADDRESS	8060-165TH AVE, NE	13 STREET ADDRESS	
CITY ST ZIP	REDMOND WA	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	SHARPE, DONALD R	22 NAME	
STREET ADDRESS	8060 165TH AVE NE	23 STREET ADDRESS	
CITY ST ZIP	REDMOND WA	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	KENNA, WILLIAM A.	32 NAME	
STREET ADDRESS	3810-3 WILLIAMSBURG PARK BLVD	33 STREET ADDRESS	3820-2 WILLIAMSBURG PARK BLVD
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BLACK, MIKE	42 NAME	
STREET ADDRESS	8060-165TH AVE, NE	43 STREET ADDRESS	
CITY ST ZIP	REDMOND WA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ENNIS, GORDON A.	52 NAME	
STREET ADDRESS	165 MASON STREET	53 STREET ADDRESS	
CITY ST ZIP	GREENWICH CT	54 CITY ST ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	WOLF, IRVIN, III	62 NAME	
STREET ADDRESS	3810-3 WILLIAMSBURG PARK BLVD	63 STREET ADDRESS	3820-2 WILLIAMSBURG PARK BLVD
CITY ST ZIP	JACKSONVILLE FL	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. 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: Donald R Sharpe — 4-24-95 — (206) 885-5859
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER/DIRECTOR — Date — Daytime Phone #

0400091 FP