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 27 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 370253 (7)

1. Corporation Name

CAPITAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1545 RAYMOND DIEHL RD. STE. 250 TALLAHASSEE FL 32308 US	P. O. BOX 3697 TALLAHASSEE FL 32315 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1970
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21: 1425 E PIEDMONT DR
22 Suite, Apt. #, etc.: SUITE 301
23 City & State: TALLAHASSEE FL
24 Zip: 32308 25 County: LEON

2a. Mailing Address
26: P.O. BOX 15949
27 Suite, Apt. #, etc.:
28 City & State: TALLAHASSEE FL
29 Zip: 32308 30 County: LEON

4. FEI Number: 59-1346146 ☐ 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

MOORE, DAVID M.
1545 RAYMOND DIEHL RD 250
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1425 E PIEDMONT DR
83: SUITE 301
84 City: TALLAHASSEE FL 85 Zip Code: 32308

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: David M. Moore 4/24/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☐ Change ☑ Addition
NAME	MOORE, DAVID M	12 NAME	TATE, DONNA
STREET ADDRESS	~~1545 RAYMOND DIEHL RD 250~~ 1425 E PIEDMONT DR	13 STREET ADDRESS	1425 E PIEDMONT DR #301
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE FL 32308
TITLE	VD	21 TITLE	D ☐ Change ☑ Addition
NAME	LAUER, DALE R.	22 NAME	LAUER, BARBARA
STREET ADDRESS	~~1545 RAYMOND DIEHL RD 250~~ 1425 E PIEDMONT DR	23 STREET ADDRESS	1425 E PIEDMONT DR #301
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	TALLAHASSEE FL 32308
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MOORE, ANN K	32 NAME	
STREET ADDRESS	~~1545 RAYMOND DIEHL RD 250~~ 1425 E PIEDMONT DR	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DANA M.	42 NAME	
STREET ADDRESS	~~1545 RAYMOND DIEHL RD 250~~ 1425 E PIEDMONT DR	43 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	TATE, DALTON A	52 NAME	
STREET ADDRESS	~~1545 RAYMOND DIEHL RD 250~~ 1425 E PIEDMONT DR	53 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	54 CITY ST ZIP	
TITLE	~~D~~	61 TITLE	☐ Change ☐ Addition
NAME	~~FRANKLIN, WILLIAM J.~~ NO LONGER A DIRECTOR	62 NAME	
STREET ADDRESS	~~825 THOMASVILLE ROAD~~	63 STREET ADDRESS	
CITY ST ZIP	~~TALLAHASSEE 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. 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: David M. Moore 4/24/95 904 386-3100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0400047 FP