FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 386905 (4)

1. Corporation Name
TOM VANN INSURANCE, INC.

Principal Place of Business
~~3723 N TEMPLE ST (00618430)~~
P.O. BOX ~~5000~~ 16280
TAMPA FL ~~33673-7499~~
33687-6280

Mailing Address
~~3723 N TEMPLE ST (00618499)~~
P.O. BOX ~~5000~~ 16280
TAMPA FL ~~00618499~~
33687-6280

3. Date Incorporated or Qualified: 08/12/1971
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21 9615 N. 50th Street
Suite, Apt. #, etc.
22
City & State
23 Tampa, Florida
Zip 24 33617-4633 Country 25 USA Hillsborough

2a. Mailing Address
26 9615 N. 50th Street
Suite, Apt. #, etc.
27
City & State
28 Tampa, Florida
Zip 33617-4633 Country 30 USA Hillsborough

4. FEI Number: 59-1367488 — 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: xx Yes ☐ No

9. Name and Address of Current Registered Agent
VANN,THOMAS
3723 TEMPLE ST
TAMPA FL 33619

10. Name and Address of New Registered Agent
81 Name: Vann, Thomas W.
82 Street Address (P.O. Box Number is Not Acceptable): 9615 N. 50th Street
83
84 City: Tampa FL 85 Zip Code: 33617

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name change) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
C VANN, THOMAS W. 3723 TEMPLE ST. TAMPA FL	☐
V CARTER, WILLIAM W. 3723 TEMPLE ST. TAMPA FL	xx
SD VANN, BERNICE ANN 3723 TEMPLE ST. TAMPA FL	☐
P DELMOLINO, JAMES L. 3723 N. TEMPLE ST. TAMPA FL	xx
	☐
	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
C, P, D. 9615 N. 50th Street Tampa, Florida 33617-4633	☒	☐
	☐	☐
S, D 9615 N. 50th Street Tampa, Florida 33617-4633	☒	☐
	☐	☐
	☐	☐
	☐	☐

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: Tom Vann President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/8/96 Daytime Phone #: 813-985-1959

CR2E034 (12/95)