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 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **416012** **(3)**

1. Corporation Name
DOME PREMIUM SERVICE COMPANY, INC.

Principal Place of Business
327 BEACH BLVD
JACKSONVILLE BCH. FL 32250
US

Mailing Address
P. O. BOX 51527
JACKSONVILLE BCH. FL 32240-1527
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1973
3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-1448065 — 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

2. Principal Place of Business
21: 472 OSCEOLA AVE. S.
22: Suite, Apt. # etc.
23: City & State: JACKSONVILLE BEACH, FL
24: Zip: 32250
25: Country

2a. Mailing Address
26:
27: Suite, Apt. # etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent
THEALE, RUDY
34 ALHAMBRA ST.
PONTE VEDRA BEACH FL 32082

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THEALE, RUDY
STREET ADDRESS	34 ALHAMBRA ST.
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	ST
NAME	DESROCHERS, JOSEPH
STREET ADDRESS	10 SE CENTRAL PARKWAY #222
CITY-ST-ZIP	STUART FL
TITLE	C
NAME	OSSI, BEN
STREET ADDRESS	6028 CHESTER AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	ST	☑ Change ☐ Addition
2 NAME	JOHN KILL	
2 STREET ADDRESS	1950 LAKE PARK DR, SUITE 110	
2 CITY-ST-ZIP	ATLANTA, GA. 30080-7642	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: PRES: RUDY THEALE 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0407065 FP