

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Montan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 416012 (3)

1. Corporation Name:
DOMESTIC PREMIUM SERVICE COMPANY, INC.

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 327 BEACH BLVD JACKSONVILLE BCH. FL 32250 US	Mailing Address: P. O. BOX 51527 JACKSONVILLE BCH. FL 32240-1527 US
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2. Principal Place of Business: 21 472 OSCEOLA AVE. S. Suite Apt # etc. 22 City & State 23 JACKSONVILLE BEACH, FL Zip Country 24 32250 25	2a. Mailing Address: 26 Suite Apt # etc. 27 City & State 28 Zip Country 29 30
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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. 1901(3)(2), Florida Statutes ☐ Yes ☐ No	

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

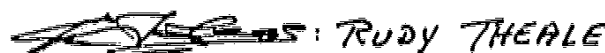
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL Zip Code

11. Pursuant to the provisions of Sections 607.01(2) 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 imposed by 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PD THEALE, RUDY 34 ALHAMBRA ST. PONTE VEDRA BEACH FL	12.2 STREET ADDRESS 12.3 CITY, ST, ZIP	13.1 NAME 13.2 STREET ADDRESS 13.3 CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME ST DESROCHERS, JOSEPH 10 SE CENTRAL PARKWAY #222 SIUART FL	12.5 STREET ADDRESS 12.6 CITY, ST, ZIP	13.4 NAME ST JOHN KILL 1950 LAKE PARK DR, SUITE 110 ATLANTA, GA. 30080-7642	☒ Change ☐ Addition
12.7 NAME C OSSI, BEN 6028 CHESTER AVE. JACKSONVILLE FL	12.8 STREET ADDRESS 12.9 CITY, ST, ZIP	13.5 NAME 13.6 STREET ADDRESS 13.7 CITY, ST, ZIP	☐ Change ☐ Addition
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, ST, ZIP	12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, ST, ZIP	13.8 NAME 13.9 STREET ADDRESS 13.10 CITY, ST, ZIP	☐ Change ☐ Addition
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, ST, ZIP	12.19 NAME 12.20 STREET ADDRESS 12.21 CITY, ST, ZIP	13.11 NAME 13.12 STREET ADDRESS 13.13 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed qualify for the exemption stated in Sections 199.02(1)(b), 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. I am providing this information for the corporation on the record of freedom of information to maintain this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of an attachment with an address.

SIGNATURE:  **RUDY THEALE** **4/21/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR