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 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **440946** **(2)**

1. Corporation Name
COWAN-LEAVELL AGENCY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6820 ST AUGUSTINE RD JACKSONVILLE FL 32217 US	6820 ST AUGUSTINE RD JACKSONVILLE FL 32217 US

3. Date Incorporated or Qualified: **11/28/1973**
3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1495558** ☐ 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

LEAVELL, MICHAEL T
6820 ST AUGUSTINE RD
JACKSONVILLE FL 32217

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 607.1505, 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: Michael T. Leavell — DATE: 4-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	1 1 TITLE	Executive Vice President	☐ Change ☒ Addition
NAME	COWAN, EUGENE D	1 2 NAME	Cain, David L.	
STREET ADDRESS	6820 ST AUGUSTINE RD	1 3 STREET ADDRESS	6820 St. Augustine Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1 4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	AS	2 1 TITLE	Vice President	☐ Change ☒ Addition
NAME	LAMB, JANICE S.	2 2 NAME	Leavell, Rebecca L.	
STREET ADDRESS	6820 ST AUGUSTINE RD	2 3 STREET ADDRESS	6820 St. Augustine Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2 4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	P	3 1 TITLE		☐ Change ☐ Addition
NAME	LEAVELL, MICHAEL T	3 2 NAME		
STREET ADDRESS	6820 ST AUGUSTINE RD	3 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 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 added on an attachment with an address.

SIGNATURE: Michael T. Leavell — 4-27-95 — (904) 737-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001666 CP