

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 447240

(3)

1. Corporation Name

NORTHWEST FLORIDA PREMIUM FINANCING, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SUPERIOR, FL 4-20

Principal Place of Business

50 MIRACLE STRIP PKWY  
PO BOX 2530  
FT WALTON BCH. FL 32549

Mailing Address

50 MIRACLE STRIP PKWY  
PO BOX 2530  
FT WALTON BCH. FL 32549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

28. Mailing Address

29

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

County

25

County

30

9. Name and Address of Current Registered Agent

LONG, CLIFFORD H  
50 MIRACLE STRIP PKWY, SE  
FT WALTON BCH FL 32548

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:

\_\_\_\_\_  
I, the undersigned, do hereby declare that the information contained in this report is true and accurate to the best of my knowledge and belief.

100% Registered Agent - I agree to receive service of process

100%

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| OFFICER                    | PD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LONG, CLIFFORD H.     | 1.2 NAME  |   |
| STREET ADDRESS             | 50 MIRACLE STRIP PKWY | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | FT. WALTON BCH, FL    | 1.4 CITY, ST, ZIP                                     |   |
| OFFICER                    | S                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HILTON, DIANA R       | 2.2 NAME  |   |
| STREET ADDRESS             | 24 BLENHEIM ROAD      | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | SHALIMAR FL           | 2.4 CITY, ST, ZIP                                     |   |
| OFFICER                    |                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME  |   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                       | 3.4 CITY, ST, ZIP                                     |   |
| OFFICER                    |                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME  |   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                       | 4.4 CITY, ST, ZIP                                     |   |
| OFFICER                    |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME  |   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                       | 5.4 CITY, ST, ZIP                                     |   |
| OFFICER                    |                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME  |   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                       | 6.4 CITY, ST, ZIP                                     |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(6)(b), Florida Statutes. I further certify that the information indicated on the 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 appointed 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 to regular print with an address.

SIGNATURE:

\_\_\_\_\_  
C. H. LONG

2-9-95 904-244-515  
100% Digital Record