2-14-95 B-11670

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:20

DOCUMENT # 447240 (3)

1. Corporation Name
NORTHWEST FLORIDA PREMIUM FINANCING, INC.

Principal Place of Business	Mailing Address
50 MIRACLE STRIP PKWY PO BOX 2530 FT WALTON BCH. FL 32549	50 MIRACLE STRIP PKWY PO BOX 2530 FT WALTON BCH. FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1974	3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-1689054	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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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: (New Registered Agent - Required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	11 TITLE	☐ Change ☐ Addition
2 NAME	LONG, CLIFFORD H.	12 NAME	
3 STREET ADDRESS	50 MIRACLE STRIP PWY	13 STREET ADDRESS	
4 CITY-ST-ZIP	FT. WALTON BCH. FL	14 CITY-ST-ZIP	
1 TITLE	S	21 TITLE	☐ Change ☐ Addition
2 NAME	HILTON, DIANA R	22 NAME	
3 STREET ADDRESS	24 BLENHEIM ROAD	23 STREET ADDRESS	
4 CITY-ST-ZIP	SHALIMAR FL	24 CITY-ST-ZIP	
1 TITLE		31 TITLE	☐ Change ☐ Addition
2 NAME		32 NAME	
3 STREET ADDRESS		33 STREET ADDRESS	
4 CITY-ST-ZIP		34 CITY-ST-ZIP	
1 TITLE		41 TITLE	☐ Change ☐ Addition
2 NAME		42 NAME	
3 STREET ADDRESS		43 STREET ADDRESS	
4 CITY-ST-ZIP		44 CITY-ST-ZIP	
1 TITLE		51 TITLE	☐ Change ☐ Addition
2 NAME		52 NAME	
3 STREET ADDRESS		53 STREET ADDRESS	
4 CITY-ST-ZIP		54 CITY-ST-ZIP	
1 TITLE		61 TITLE	☐ Change ☐ Addition
2 NAME		62 NAME	
3 STREET ADDRESS		63 STREET ADDRESS	
4 CITY-ST-ZIP		64 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 from the last annual report.

SIGNATURE: C. H. LONG — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN BELOW — 2-9-95 — DATE — 904-244-513 — Daytime Phone #

039 10 CP