FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATE ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 460383 (3)

95 MAY 12 PM 10:35

ACORDIA OF ORLANDO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:
1101 N LAKE DESTINY RD
#2
MAITLAND FL 32751
US

Mailing Address:
C/O FREDERICK R. FILLMORE
311 PARK PLACE BLVD #400
CLEARWATER FL 34619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 08/29/1974
3a. Date of Last Report: 06/03/1994

2. Date Last Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 41-1268772 — Applied For / Not Applicable

Suite, Apt. # or Bldg.: 22
Suite, Apt. # or Bldg.: 27

5. Certificate of Status Desired: $8.75 Additional Fee Required

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.0501 and 607.0505, 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

TYPE	VD
NAME	HARPER, JAMES R
STREET ADDRESS	311 PARK PLACE BLVD
CITY, ST, ZIP	CLEARWATER FL
TYPE	PD
NAME	WHITHEAD, J. MARK SR.
STREET ADDRESS	1101 N LAKE DESTINY RD
CITY, ST, ZIP	MAITLAND FL
TYPE	TD
NAME	FILLMORE, FREDERICK R.
STREET ADDRESS	311 PARK PLACE BLVD STE 400
CITY, ST, ZIP	CLEARWATER FL
TYPE	S
NAME	WILHITE, NANCY K.
STREET ADDRESS	120 MONUMENT CIRCLE
CITY, ST, ZIP	INIANAPOLIS IN
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

1. TYPE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TYPE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TYPE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TYPE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TYPE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

14. I 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)(bb), Florida Statutes. Further, I hereby 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 on Block 12 of this 1995 report or my name of title is added in accordance with an addition.

SIGNATURE: 5/1/95 FREDERICK R. FILLMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Telephone #: (813) 796-6666

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