FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 48-415-C

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **491822** **(3)**

1. Corporation Name

THOMAS B. PARSONS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
8308 BEASLEY RD TAMPA FL 33615 Not Correct	5521 HANLEY RD. TAMPA FL 33634 US Correct

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1975	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1631782	☐ 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	

21	2. Principal Place of Business: 5521 Hanley Road	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Tampa, Fla.	28	City & State
24	Zip: 33634	29	Zip
25	County: Hillsborough	30	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
PARSONS, THOMAS B 5521 HANLEY ROAD TAMPA FL 33615	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: T.B. Parsons T.B. Parsons DATE: 4/17/95
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	ST	1.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, NORMA A	1.2 NAME		
STREET ADDRESS	8308 BEASLEY RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, THOMAS B	2.2 NAME		
STREET ADDRESS	8308 BEASLEY RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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 on an attachment with an address.

SIGNATURE: T.B. Parsons T.B. Parsons 4/17/95 (813) 885-2745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000880 CP