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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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| OCU , Corporatio | MENT # 49182 | 22 | (3) | | | | | | | |
| • | on Name IAS B. PARSONS INSURAN | NCE AGENO | Y, INC. | | | | | | | |
| | | | | | | | | | | |
| triucipal Place of Business Mailing Address | | | | | | | | | | |
| 5521 HANLEY RD. TAMPA FL 33634 TAMPA FL 33634 IS | | | | | | | | | | |
| | | US | | | | Date incorporated or Qu. 12/02/1975 | alified | 3a. Date 04 | of Last F | • |
| Principa' F | Place of Business | ├ ──¬ | ing Address | | | 4, FEI Number | | | | Applied For |
| Suite, Apt | # elc | 26 Suite | o, Apt. #, etc. | | | 59-1631782 | | | | Not Applicat |
| | | 27 | | | | 5. Certificate of Status Des | ired | | | 5 Additional Required |
| City & Sta | ite | City 28 | & State | | | 6. Election Campaign Finar Trust Fund Contribution | ncing | | | May Be |
| Zip | Country | 7 _(p) | | Couri | try | 8. This corporation has liab | | | | |
| | 25 9. Name and Address of Curr | 29 | Agent | 30 | | | Yes | | | |
| | g, manie did Address of Odi | Tell Negistered | Agent | | 11 Name | 10. Name and Address of | New He | gistered | agent | |
| PARSON | NS, THOMAS B | | | Ā | Street Ac | Idress (P.O. Box Number is Not Ad | centable | a) | | |
| | ANLEY ROAD | | | L. | | IGIESS (F.O. DOX NOTION IS NOT AL | | | | |
| IAMPA | FL 33615 | | | 8 | 3 | | | | | |
| | | | | 8 | 4 City | | | FI | 85 Z | ip Code |
| | | ection buz.ubub, | . Florida Statute | S. | -porditoria tx | date of directors. Thereby accept t | нь арроі | | | a agont, ram |
| GNATURE | Signative itypolo or profestinative of registered ag | gent and title it appreads | le (N | OTE: Registered A | | coration submits this statement for pard of directors. I hereby accept to ared when reinstaing: | | DATE | | |
| GNATURE | Signative itypolo or profestinative of registered ag | | le (N | | jent signaturo requ | | | DATE CERS AND | DIRECTO | DRS IN 12 |
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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 outli, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR