FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **502844** **(4)**

1. Corporation Name

FARR INSURANCE INC.

Principal Place of Business	Mailing Address
1401 FORUM WAY **SUITE 600** **WEST PALM BEACH FL 33401** **US**	**401 E JACKSON STREET** **SUITE 1700** **TAMPA FL 33602**

3. Date Incorporated or Qualified: **05/10/1976**
3a. Date of Last Report: **09/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1685764** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LENFESTEY, LAUREL J
401 E JACKSON STREET
SUITE 1700
TAMPA FL 33602

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
Signature, typed or printed name of registered agent (at the address above) (New Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, MATT		1.2 NAME		
STREET ADDRESS	1401 FORUM WAY SUITE 600		1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY, ST, ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LENFESTEY, LAUREL J		2.2 NAME		
STREET ADDRESS	401 E JACKSON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY, ST, ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, J. HYATT		3.2 NAME		
STREET ADDRESS	220 S RIDGEWOOD AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY, ST, ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	ORCHARD, JAMES A.		4.2 NAME	Jim W. Henderson	
STREET ADDRESS	220 S RIDGEWOOD AVE		4.3 STREET ADDRESS	220 S. Ridgewood Avenue	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY, ST, ZIP	Daytona Beach, FL 32115	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, JIM		5.2 NAME		
STREET ADDRESS	220 S RIDGEWOOD AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY, ST, ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY, ST, ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature] 4/25/96 813-222-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number