

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 558758

(9)

95 JUN -8 AM 10:00

1. Corporation Name

USA INSURANCE GROUP, INC.

Principal Place of Business

**930 S. HARBOR CITY BLVD., 4TH FL.
P.O. BOX 700
MELBOURNE FL 32902-7700**

Mailing Address

**930 S. HARBOR CITY BLVD., 4TH FL.
P.O. BOX 700
MELBOURNE FL 32902-7700**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1978

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1796755

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

**NASH, CHARLES IAN
930 S HARBOR CITY BLVD, STE 505
MELBOURNE FL 32901**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
T	TOOLEY, DAVID R	653 CANDLEWOOD WAY MELBOURNE FL	
PDC	LOVE, RICHARD, P, JR	2776 N. RIVERSIDE DR. N INDIALANTIC FL	
VSD	TOOLEY, DAVID	653 CANDLEWOOD WAY MELBOURNE FL	
D	LOVE, MARGUERITE	2776 N RIVERSIDE DR N INDIALANTIC FL	
D	LOVE, ROBERT, J	8201 HARWOOD CT CONCORD OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	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 110.07(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 10 or Block 18 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DAVID R. TOOLEY

MAY 30, 1995 407-984-8870

Date

Daytime Phone #