FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:07

DOCUMENT # 647938 (0)

1. Corporation Name
PAUL SPEIGHT INSURANCE, INC.

Principal Place of Business	Mailing Address
1165 E. MAIN STREET BARTOW FL 33830	1165 E. MAIN STREET BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1979
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 P.O. BOX 1438
Suite, Apt. #, etc.
27
City & State
28 BARTOW, FLORDIA
Zip / Country
29 33831 / 30 POLK

4. FEI Number: 59-2016851 ☐ 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

WESTBERRY, MICHAEL S
1165 E. MAIN STREET
BARTOW FL 33830

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 _____ DATE 2/2/95
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	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	SPEIGHT, LAVERNE WHIDDEN	1.2 NAME	
STREET ADDRESS	1640 E MAIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WESTBERRY, PAMELA S	2.2 NAME	
STREET ADDRESS	1085 E BOUGAINVILLEA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SPEIGHT, PAUL W	3.2 NAME	
STREET ADDRESS	1640 E MAIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	WESTBERRY, MICHAEL	4.2 NAME	
STREET ADDRESS	1085 E BOUGAINVILLEA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	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)(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: Michael S Westberry MICHAEL S. WESTBERRY 2/2/95 (813) 533-0781
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0316307 CP