FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY -1 PM 1:07

DOCUMENT # 718121 (7)

1. Corporation Name
PENSACOLA CLAIMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 69 GULF BREEZE FL 32562 US	P O BOX 69 GULF BREEZE FL 32562 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LOZOWICKI SANDRA
900 FT PICKENS RD UNIT 411
PENSACOLA BEACH FL 32561

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: Sandra Lozowicki Treasurer 4-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President - D	☑ Change ☐ Addition
NAME	SONGE STEVEN	12 NAME	Duncan McLaren	
STREET ADDRESS	7282 PLANTATION RD STE 203	13 STREET ADDRESS	217 E. Intendencia St	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VP	21 TITLE	Vice President - D	☑ Change ☐ Addition
NAME	TODD CHARLES	22 NAME	Norman White	
STREET ADDRESS	600 S BARRACKS STE 220	23 STREET ADDRESS	202 Norwich Drive	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	S	31 TITLE	Secretary - D	☑ Change ☐ Addition
NAME	GRIMSLEY ELIZABETH	32 NAME	Michelle Fijalkowski	
STREET ADDRESS	8084 N DAVIS HWY A-2	33 STREET ADDRESS	8084 N. Davis Hwy	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola, FL 32514-7584	
TITLE	T	41 TITLE	Treasurer - D	☑ Change ☐ Addition
NAME	LOZOWICKI SANDRA	42 NAME	Lozowicki, Sandra	
STREET ADDRESS	900 FT PICKENS RD 411	43 STREET ADDRESS	900 Ft Pickens Rd, 411	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	Pensacola Beach, FL 32561	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RENEWED BY MAY 1

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Lozowicki Sandra Lozowicki, Treasurer 4-21-95 904-932-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072130