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 APR 14 AM 9:18

DOCUMENT # 726214 (0)

1. Corporation Name

JACKSONVILLE ASSOCIATION OF LIFE UNDERWRITERS, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1914 BEACHWAY RD.,STE.1-G JACKSONVILLE FL 32207	1914 BEACHWAY RD.,STE.1-G JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 04/24/1973
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1890671 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KIRK, JAN N
1914 BEACHWAY RD., SUITE 1-G
JACKSONVILLE FL 32207-9352

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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
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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	MATHEWS-GLENN, KATHY	12 NAME	Edgar T. New	
STREET ADDRESS	8563-5 ARGYLE BUSINESS LOOP	13 STREET ADDRESS	841 Prudential Dr Ste 1501	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32207-0828	
TITLE	V	21 TITLE	V	☐ Change ☐ Addition
NAME	TISON, ROBERT W.	22 NAME		
STREET ADDRESS	7960 ARLINGTON EXPRESSWAY	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	NEW, EDGAR T	32 NAME	Dennis P. Adams	
STREET ADDRESS	841 PRUDENTIAL DR STE 1501	33 STREET ADDRESS	8130 Baymeadows Way W #100	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32256-7450	
TITLE	ST	41 TITLE	S/T	☒ Change ☐ Addition
NAME	ADAMS, DENNIS	42 NAME	William F. Rorick	
STREET ADDRESS	76 S. LAURA ST.	43 STREET ADDRESS	1530 Kingsley Ave	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BOWERS, JUDY	52 NAME	Marvin Dyson	
STREET ADDRESS	5991 CHESTER AVE. #207	53 STREET ADDRESS	3707 Hermitage Rd E	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	TREDNNICK, JOANN	62 NAME		
STREET ADDRESS	4215 SOUTHPOINT BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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 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 added to the report with an address.

SIGNATURE: Edgar T. New Edgar T. New 4-3-95 904/396-6066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001430