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

APPROVED AND FILED

95 APR -7 AM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F05705** **(1)**

1. Corporation Name
HERRLI-WILLIAMS INSURANCE, INC.

Principal Place of Business	Mailing Address
% THOMAS J. WILLIAMS P.O. BOX 15920 SARASOTA FL 34277	% THOMAS J. WILLIAMS P.O. BOX 15920 SARASOTA FL 34277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1980
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 1251 BENEVA Rd. S.	26 1251 BENEVA Rd. S.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip 24 34232 Country 25 SARASOTA	Zip 29 34232 Country 30 SARASOTA

4. FEI Number: 59-2043461 ☐ 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

WILLIAMS, THOMAS J.
3800 S. TAMIAMI TRAIL SUITE #202
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1251 BENEVA Rd. S.
83
84 City: SARASOTA FL 85 Zip Code: 34232

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: Thomas J. Williams Pres — DATE: 3/10/95
(signature, typed or printed name of registered agent and the capacity) (NOT Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PT	☑ Change ☐ Addition
NAME	WILLIAMS, THOMAS J.	12 NAME		
STREET ADDRESS	2252 SHADOW LAKE DRIVE	13 STREET ADDRESS	Same	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP		
TITLE	V	21 TITLE		☑ Change ☐ Addition
NAME	HERRLI, JAMES R.	22 NAME	delete	
STREET ADDRESS	JEM LANE	23 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP		
TITLE	ST	31 TITLE	SV	☑ Change ☐ Addition
NAME	WILLIAMS, GINEVRA S.	32 NAME		
STREET ADDRESS	2252 SHADOW LAKE DRIVE	33 STREET ADDRESS	Same	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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		

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: Thomas J. Williams — 3/10/95 — 813 3663322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485870 FP