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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 JUN -1 AM 9:41

DOCUMENT # **F93000005244 (9)**

1. Corporation Name
AXIS CAPITAL CORPORATION

Principal Place of Business	Mailing Address
2170 W. STATE ROAD 434 SUITE 200 LONGWOOD FL 32779	2170 W. STATE ROAD 434 SUITE 200 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 1641 Edleshcaran Road
Suite, Apt. #, etc. 22
City & State 23: Lake Mary, FL
Zip 24: 32746 Country 25: USA

2a. Mailing Address
26 P.O. Box 952616
Suite, Apt. #, etc. 27
City & State 28: Lake Mary, FL
Zip 29: 32795-2616 Country 30: USA

4. FEI Number: 59-3198558 ☐ 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

LAWHON, CINDY
2170 W. STATE ROAD 434
SUITE 200
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1625 Piedmont Oaks Drive
83
84 City: Apopka FL 85 Zip Code: 32703

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 name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	FRANKUM, JOHN	12 NAME	
STREET ADDRESS	2170 W. SR 434, #200	13 STREET ADDRESS	P.O. Box 952616 NA
CITY ST ZIP	LONGWOOD FL 32779	14 CITY ST ZIP	Lake Mary, FL 32795-2616
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, RONALD G	22 NAME	
STREET ADDRESS	8208 ALLISONVILLE RD.	23 STREET ADDRESS	
CITY ST ZIP	INDIANAPOLIS IN 46250	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	LAWHON, CINDY	32 NAME	
STREET ADDRESS	2170 W. SR 434, #200	33 STREET ADDRESS	P.O. Box 952616 NA
CITY ST ZIP	LONGWOOD FL 32779	34 CITY ST ZIP	Lake Mary, FL 32795-2616
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: Cynthia G. Lawhon Cynthia G. Lawhon 5/15/95 (407) 829-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

0044726 CP