

F 95 00000592i

**TO: Qualification/Tax Lien Section
Division of Corporations**

SUBJECT: A + A Diversified Agency, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John G. Bobb
(Name of Person)

A + A Diversified Agency, Inc.
(Firm/Company)

938 Kerwood Circle
(Address)

Driedo, FL 32765
(City/State/Zip)

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*****78.75 *****78.75

WFS-23048
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -5 PM 3:43

Should you need to call someone concerning this matter, please call:

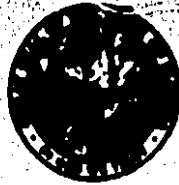
John G. Bobb
(Name of Person) at (407) 359-0180
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 22, 1995

JOHN G. BOBB
A & A DIVERSIFIED AGENCY, INC.
938 KERWOOD CIR
OVIEDO, FL 32765

SUBJECT: A & A DIVERSIFIED AGENCY, INC.
Ref. Number: W95000023048

We have received your document for A & A DIVERSIFIED AGENCY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 695A00051574

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. A+A Diversified Agency, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) CORP IRS NUMBER 34-1709013
2. Ohio
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 4-30-92
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 11-20-95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 938 Kerwood Circle, Oriedo, FL 32765

(Current mailing address)

8. Insurance + investment sales
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: John G Bobb

Office Address: 938 Kerwood Circle

Oriedo, FL, Florida, 32765
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

John G. Bobb
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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PM 3:43

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: John G. Bobb

Address: 938 Kerwood Circle
Oviedo, FL 32765

Vice President: _____

Address: _____

Secretary: Trudy J. Bobb

Address: 938 Kerwood Circle
Oviedo, FL 32765

Treasurer: Trudy J. Bobb

Address: same as above

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John G. Bobb
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John G. Bobb, President
(Typed or printed name and capacity of person signing application)

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**



I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and miscellaneous filings; that said records show A & A DIVERSIFIED AGENCY, INC., an Ohio Corporation, Charter No. 818917, principal location in Akron, County of Summit, incorporated on April 30, 1992, is currently in GOOD STANDING upon the records of this office.



*WITNESS my hand and official
seal at Columbus, Ohio this
28th day of September, A.D., 1995*

Bob Taft

Bob Taft
Secretary of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1500005921

John G. Bobb

Requestor's Name

699 Grifton Ave.

Address

Akron, OH 44305

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials
Lgce
Nju

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

A+A DIVERSIFIED AGENCY, INC
(Name of Corporation)

STATE OF OHIO
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

699 GLIFTON AVE
(Mailing Address)

AKRON, OH 44305
(City/State/Zip)

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TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

John G. Bobb Signature President Title

JOHN G. BOBB Typed or printed name 7/17/97 Date