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 MAY -1 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G40505** **(1)**

1. Corporation Name
ARCH-HOLMES INSURANCE, INC.

Principal Place of Business	Mailing Address
702 N. FRANKLIN ST TAMPA FL 33602 US	P O BOX 1348 TAMPA FL 33601 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1983
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business	2a. Mailing Address
21 401 E. Jackson Street	26
Suite, Apt. #, etc. 22 Suite 1700	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28
Zip: 24 33602 Country: 25	Zip: 29 Country: 30

4. FEI Number: 59-2422977 ☐ 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	10. Name and Address of New Registered Agent
LENAFESTEY, LAUREL J. 702 N. FRANKLIN ST. TAMPA FL 33602	81 Name: Laurel Lenfestey 82 Street Address (P.O. Box Number is Not Acceptable): 401 E. Jackson Street, Suite 1700 83 84 City: Tampa FL 85 Zip Code: 33602

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: Laurel J. Lenfestey — 3/30/95
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	DP	1.1 TITLE	Director Chairman Presient	☒ Change ☒ Addition
NAME	BROWN, J. HYATT	1.2 NAME		
STREET ADDRESS	220 S. RIDGEWOOD AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	32115	
TITLE	D	2.1 TITLE		☐ Change ☒ Addition
NAME	HENDERSON, JIM	2.2 NAME		
STREET ADDRESS	220 S. RIDGEWOOD AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	32115	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	GEER, BRUCE G.	3.2 NAME		
STREET ADDRESS	702 N. FRANKLIN ST	3.3 STREET ADDRESS	401 E. Jackson Street, Suite 1700	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	EVP	4.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, TOM	4.2 NAME		
STREET ADDRESS	5900 N. ANDREWS AVE #900	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	LENFESTEY, LAUREL J.	5.2 NAME		
STREET ADDRESS	702 N. FRANKLIN ST	5.3 STREET ADDRESS	401 E. Jackson Street, Suite 1700	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	T	6.1 TITLE		☐ Change ☒ Addition
NAME	YOUNG, TIMOTHY L.	6.2 NAME		
STREET ADDRESS	220 S. RIDGEWOOD AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	6.4 CITY-ST-ZIP	32115	

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: Laurel J. Lenfestey — Laurel J. Lenfestey — 3/30/95 — (813) 222-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000017 CP