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 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G50257 (6)

1. Corporation Name

SONNENBERG INSURANCE SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
10575 68TH AVE N UNIT 83 PO BOX 4608 SEMINOLE FL 34645 US	10575 68TH AVE N UNIT 83 PO BOX 4608 SEMINOLE FL 34642-8608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1983
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 2410 West Bay Drive
22: Suite, Apt. #, etc.
23: Largo, Florida 34640
24: Zip 34640 — 25: Country USA

2a. Mailing Address
26: 2410 West Bay Drive
27: Suite, Apt. #, etc.
28: Largo, Florida 34640
29: Zip 34640 — 30: Country USA

4. FEI Number: 59-2324327 ☐ 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

SONNENBERG, JACK
10575 68TH AVE N UNIT 83
PO BOX 4608
SEMINOLE FL 34642-8608

10. Name and Address of New Registered Agent

81 Name: SONNENBERG, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 2410 West Bay Drive
83:
84 City: Largo — FL — 85 Zip Code: 34640

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: Jack W. Sonnenberg/President — DATE: 4-27-95
(If changing registered agent, registered agent must sign above. NOTE: Registered Agent signature required when applicable.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SONNENBERG, JACK	12 NAME	
STREET ADDRESS	1540 GULF BLVD, 903	13 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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: Jack W. Sonnenberg — Jack Sonnenberg — Date — (813)582-9151 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

0480076 FP