SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G53281** **(3)**

1. Corporation Name
LIFE INSURANCE SCHOOL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% VINCENT S MAZZURCO POB 5669 2935 SE 58TH AVE., #2 OCALA FL 34478-2669	% VINCENT S MAZZURCO POB 5669 2935 SE 58TH AVE., #2 OCALA FL 34478-5669 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1983
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21: 4044 Newport Drive
Suite, Apt. #, etc. 22: 211
City & State 23: New Port Richey, Fl.
Zip 24: 34652 Country 25: USA

2a. Mailing Address
26: P.O. Box 1115
Suite, Apt. #, etc. 27:
City & State 28: Elfers,Fl.
Zip 29: 34680 Country 30: USA

4. FEI Number: 59-2318921 ☐ 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

[redacted]

10. Name and Address of New Registered Agent

81 Name: Reaver Culbertson
82 Street Address (P.O. Box Number is Not Acceptable): 9829 Sunbeam Drive
83:
84 City: New Port Richey FL 85 Zip Code: 34654

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: Reaver Culbertson President REAVER CULBERTSON 7/5/95
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	DPT	1.1 TITLE	☒ Change ☐ Addition President
NAME	[redacted]	1.2 NAME	Reaver Culbertson
STREET ADDRESS	[redacted]	1.3 STREET ADDRESS	9820 Sunbeam Drive
CITY-ST-ZIP	[redacted]	1.4 CITY-ST-ZIP	New Port Richey, Fl. 34654
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	[redacted]	2.2 NAME	
STREET ADDRESS	[redacted]	2.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted]	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	[redacted]	3.2 NAME	
STREET ADDRESS	[redacted]	3.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted]	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Reaver Culbertson 6/19/95 813-841-6805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
REAVER CULBERTSON

0100483 FP