SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 20 AM 10:06

DOCUMENT # **G81381** **(7)**

1. Corporation Name
M.S.I. INSURANCE, INC.

Principal Place of Business	Mailing Address
908 WEST DIXIE AVENUE 1411 E MAIN STREET, SUITE 3 LEESBURG FL 34748 US	908 WEST DIXE AVENUE 1411 E MAIN STREET, SUITE 3 LEESBURG FL 34748 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1984	3a. Date of Last Report: 07/21/1994
4. FEI Number: 59-2379810	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 511 Hwy 466	26 P.O. Box 1437
Suite, Apt. #, etc. 22 Apt 25	Suite, Apt. #, etc. 27
City & State 23 Lady Lake, Fl.	City & State 28 Fruitland Park, Fl.
Zip 24 32159 Country 25 Lake	Zip 29 34731 Country 30 Lake

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCORMIC, TERRY E. 511 HIGHWAY 466, APARTMENT 25 LADY LAKE FL 32159	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCCORMIC, TERRY E.	12 NAME	
STREET ADDRESS	POST OFFICE BOX 1437 N/A	13 STREET ADDRESS	
CITY ST ZIP	FRUITLAND PARK FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCORMIC, TERRY E.	22 NAME	
STREET ADDRESS	511 HIGHWAY 466, APARTMENT 25	23 STREET ADDRESS	
CITY ST ZIP	LADY LAKE FL	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	

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: Terry E. McCormic Pres. TERRY E. McCormic 6-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

904-750-4933
Daytime Phone #

0118300 CP