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 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G96334** **(9)**

1. Corporation Name

CONTINENTAL INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
4013 W. LINEBAUGH SUITE 108 TAMPA FL 33624	4013 W. LINEBAUGH 108 TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 300 31st St. North	26 PO Box 15407
Suite, Apt. #, etc. 22 Suite 215	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, Fl	City & State 28 St. Petersburg Fl
Zip 24 33713 Country 25 Pinellas	Zip 29 33733 Country 30 Pinellas

4. FEI Number: 59-2400006 ☐ 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

WEINER, ROLAND T.
3321 NUNOY RD
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: James L. Buck
82 Street Address (P.O. Box Number is Not Acceptable): 300 31st St. North
83 Suite 215
84 City: St. Petersburg FL 85 Zip Code: 33713

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: [signature] James L Buck DATE: 4-25-95
Signature of new registered agent and their application — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	DAVISON, FRANK	12 NAME	James Buck	
STREET ADDRESS	10306 DEL MAR CIRCLE	13 STREET ADDRESS	300 31st St. N.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	St. Petersburg Fl.	
TITLE	VP	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	BUCK, JAMES L.	22 NAME	Anthony DiRienzo	
STREET ADDRESS	4126 30TH AVE NORTH	23 STREET ADDRESS	13478 Andova Drive	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	Largo Fl. 34644	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	SEINER, ROLAND T	32 NAME	Anthony DiRienzo	
STREET ADDRESS	3221 NUNOY RD	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	Treasurer	☒ Change ☐ Addition
NAME		42 NAME	James Buck	
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: [signature] James L. Buck 4-25-95 3212727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300001 CP