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

FILED
95 APR 21 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001468463
-04/28/95--01071--014
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # H01281

1. Corporation Name

Federal Insurance Adjusters Incorporated

Principal Place of Business	Mailing Address
37206 Clinton Av Dade City, FL 33525	P O Box 1245 Dade City, FL 33526-1245

3. Date Incorporated or Qualified: 4-9-84
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address
21 37206 Clinton Av	26 P O Box 1245
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dade City, FL	City & State 28 Dade City, FL
Zip 24 33525 / Country 25 USA	Zip 29 33526-1245 / Country 30 USA

4. FEI Number: 59-2402515 ☐ 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
Gabriel J Mancuso P. O Box 36/37206 Clinton Av Dade City, FL 33526-0036	81 Name: James R Hendricks 82 Street Address (P.O. Box Number is Not Acceptable): 38851 Sparkman Rd 83 84 City: Dade city, FL 85 Zip Code: 33525

Gabriel J Mancuso 4/26/95

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: James R Hendricks — James R. Hendricks — 4/10/95
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	President	11 TITLE	☐ Change ☐ Addition
NAME	Thomas F Kepler	12 NAME	
STREET ADDRESS	P O Box 11603 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19116	14 CITY-ST-ZIP	
TITLE	Vice President	21 TITLE	☐ Change ☐ Addition
NAME	Same President	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	Secretary/Treasuer	31 TITLE	☐ Change ☐ Addition
NAME	Same President	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: Thomas F Kepler — Thomas F Kepler — 4/12/95 — 904/567-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #