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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 JAN 30 AM 11:55

DOCUMENT # H20134 (3)

1. Corporation Name
LASSITER-WARE INSURANCE OF OCALA, INC.

Principal Place of Business	Mailing Address
6134 SW STATE ROAD 200 OCALA FL 34476 US	6134 SW STATE ROAD 200 OCALA FL 34476 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 2510 S.E. 17th Street
Suite, Apt. #, etc. 22
City & State 23 Ocala FL
Zip 24 34471-5523 Country 25 USA

2a. Mailing Address
26 2510 S. E. 17th Street
Suite, Apt. #, etc. 27
City & State 28 Ocala FL
Zip 29 34471-5523 Country 30 USA

4. FEI Number: 59-2852392 ☐ 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

DAVIS, RANTSON E.
1321 CITIZENS BLVD. SUITE B
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name: Ted R. Ostrander, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1317 Citizens Blvd
83
84 City: Leesburg FL 85 Zip Code: 34748

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: Ted R. Ostrander, Jr. January 23, 1995
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	OSTRANDER, TED R., JR.	1.2 NAME	
STREET ADDRESS	1317 CITIZENS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	STOER, JOHN J., JR.	2.2 NAME	
STREET ADDRESS	1317 CITIZENS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V/D ☐ Change ☒ Addition
NAME		3.2 NAME	Lewis, Raymond P.,II
STREET ADDRESS		3.3 STREET ADDRESS	1317 Citizens Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Leesburg FL 34748
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	

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: Ted R. Ostrander, Jr. January 23, 1995 904-707-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383370 CP