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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 24 PM 1:38

DOCUMENT # H64080 (5)

1. Corporation Name
PALM BEACH PROPERTY AND CASUALTY AGENCY, INC.

Principal Place of Business
701 Northpoint Parkway, Ste 322
~~600 VILLAGE BLVD., STE 100~~
WEST PALM BEACH FL ~~33409~~ 33407

Mailing Address
701 Northpoint Parkway
~~560 VILLAGE BLVD., STE 100~~ Suite 322
WEST PALM BEACH FL ~~33409~~ 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1985
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21 701 Northpoint Pkwy #322
22 Suite 322
23 West Palm Beach FL
24 Zip 33407 25 Country USA

2a. Mailing Address
26 701 Northpoint Pkwy
27 Ste 322
28 West Palm Beach, FL
29 Zip 33407 30 Country USA

4. FEI Number: 59-2581171 ☐ 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

~~MCDONALD, JACK, ESQ.~~
~~2875 S. OCEAN BLVD.~~
~~STE 200~~
~~PALM BEACH FL 33480~~

10. Name and Address of New Registered Agent

81 Name: TIMOTHY WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 701 Northpoint Parkway, Suite 322
83
84 City: West Palm Beach FL 85 Zip Code 33407

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: Timothy W Wilson — 3/20/95
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	PD / Sect.	1.1 TITLE	Pres / Sect. ☒ Change ☐ Addition
NAME	~~SMITH, MARY~~ Wilson, Timothy W.	1.2 NAME	WILSON, TIMOTHY W.
STREET ADDRESS	~~41760 U S HWY ONE~~ 701 Northpoint Pkwy Suite 322	1.3 STREET ADDRESS	701 Northpoint Parkway, Suite 322
CITY-ST-ZIP	~~N PALM BCH. FL~~ West Palm Bch, FL 33407	1.4 CITY-ST-ZIP	West Palm Beach, FL. 33407
TITLE	~~STD~~	2.1 TITLE	Vice Pres / Tres ☒ Change ☐ Addition
NAME	~~WILSON, TIMOTHY W.~~	2.2 NAME	Marjorie A Wilson
STREET ADDRESS	~~2920 SE FALMOUTH DR~~	2.3 STREET ADDRESS	2920 SE Falmouth Dr
CITY-ST-ZIP	~~STUART FL~~	2.4 CITY-ST-ZIP	Stuart, Fl 34997
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: Timothy W Wilson — 1/12/95 — 407-684-7250
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0240632 CP