

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 21 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # H68728 (5)
7. Corporation Name
THE NICHOLAS INSURANCE GROUP, INC.

Principal Place of Business 35030 US 19 N. PALM HARBOR FL 34684	Mailing Address 35030 US 19 N. PALM HARBOR FL 34684
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/30/1985		3a. Date of Last Report 05/19/1994	
2. Principal Place of Business 21 29399 US 19 N.		4. FEI Number 59-2563151	
2a. Mailing Address 26 29399 US 19 N.		Applied For Not Applicable	
Suite, Apt. #, etc. 22 Suite 280		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
City & State 23 Clearwater, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34621		Country 25 Pinellas	
Zip 29 34621		Country 30 Pinellas	

9. Name and Address of Current Registered Agent DIANA, NICHOLAS 35030 US 19 N. PALM HARBOR FL 34684		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 29399 US 19 N.	
83 Suite 280		84 City Clearwater	
85 FL		86 Zip Code 34621	

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 Nicholas Diana, V. Pres. DATE 4-4-95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVST	NAME DIANA, NICK	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 35030 US 19 N.	CITY-ST-ZIP PALM HARBOR FL	1.2 NAME Vincent Diana	
		1.3 STREET ADDRESS 29399 US 19 N., Suite 280	
		1.4 CITY-ST-ZIP Clearwater, FL 34621	
TITLE	NAME	2.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME Nicholas Diana	
		2.3 STREET ADDRESS 29399 US 19 N., Suite 280	
		2.4 CITY-ST-ZIP Clearwater, FL 34621	
TITLE	NAME	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME Shelly Johnson	
		3.3 STREET ADDRESS 29399 US 19 N., Suite 280	
		3.4 CITY-ST-ZIP Clearwater, FL 34621	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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 118.07(3)(k), 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 changed, by an attachment with an address.

SIGNATURE: Nicholas Diana, V. President DATE 4-4-95 TELEPHONE # 813-785-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR