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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # H92894 (5)

1. Corporation Name
GENE SMITH INSURANCE AGENCY INC.

Principal Place of Business
~~819 N. 7TH STREET~~ 14837 7th St.
DADE CITY FL 33525

Mailing Address
~~819 N. 7TH STREET~~ 14837 7th St.
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1985
3a. Date of Last Report: 09/15/1994

2. Principal Place of Business
21 14837 7th Street
Suite, Apt. #, etc.
22
City & State
23 Dade City, Fl.
Zip 24 33525 Country 25 PASCO

2a. Mailing Address
26 14837 7th Street
Suite, Apt. #, etc.
27
City & State
28 Dade City, Fl.
Zip 29 33525 Country 30 PASCO

4. FEI Number: 59-2634608 ☐ 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

SMITH, ROBERT H
14837 7TH STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Robert H. Smith 1-13-94
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	PSD	1.1 TITLE	☑ Change ☐ Addition
NAME	SMITH, ROBERT H.	1.2 NAME	
STREET ADDRESS	819 N. 7TH STREET	1.3 STREET ADDRESS	14837 7th Street
CITY-ST-ZIP	DADE CITY FL 33525	1.4 CITY-ST-ZIP	Dade City, Fl. 33525
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition
NAME	SMITH, DORA	2.2 NAME	
STREET ADDRESS	819 N. 7TH STREET	2.3 STREET ADDRESS	14837 7th Street
CITY-ST-ZIP	DADE CITY FL 33525	2.4 CITY-ST-ZIP	Dade City, Fl. 33525
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, GENE	3.2 NAME	
STREET ADDRESS	316 N. OHIO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	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 added, or attachment with an (*) flag.

SIGNATURE: Robert H. Smith 1-13-94 (904) 567-5454
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0440360 FP