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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J37089 (6)

1. Corporation Name

PANTON INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
P O BOX 16838 P.O. BOX 16838 W PALM BEACH FL 33416-6838 US	P O BOX 16838 P.O. BOX 16838 W PALM BEACH FL 33416-6838 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1986
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business (21): PO BX 16838
2a. Mailing Address (26): Same
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): Pam Pal... Bch
City & State (28):
Zip (24): 334166838 Country (25): Palm Bch
Zip (29): Country (30):

4. FEI Number: 59-2805052 ☐ 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

PANTON, THOMAS W.
3422 TACONIC DRIVE
WEST PALM BEACH FL 33406

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: Thomas W. Panton (Signature - typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE: 4-29-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PANTON, THOMAS W.	12 NAME	
STREET ADDRESS	3422 TACONIC DRIVE	13 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		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	T.S. 6/9/95	63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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REMITTED BY MAY 1

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 W. Panton 4/29/95 402-64-4835
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Florida Document #
Thomas W. Panton

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