FILED Sep 17, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) J41005 DOCUMENT # 1. Entity Name 09-17-2002 90090 029 ***558.75 HOLLAWAY INSURANCE & FINANCIAL GROUP, INC. Mailing Address Principal Place of Business 12693 NEW BRITTANY BLVD 12693 NEW BRITTANY BLVD STE A FT MYERS FL 33907 FT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2756377 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLOWAY, STEVEN Street Address (P.O. Box Number is Not Acceptable) 12693 NEW BRITTANY BLVD STE A FT MYERS FL 33907 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE HOLLAWAY, STEVEN N. NAME MAME 12784 YACHT CLUB CIRCLE STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME HOLLAWAY, STEVEN N. 12784 YACHT CLUB CIRCLE STREET ADDRESS STREET ADDRESS FT-MYERS-FL=33919 GITY - ST - ZIP CITY-SI-ZIP-~ ☐ Change ☐ Addition Delete TITLE TITLE HOLLAWAY, NORIS E. NAME 13310 MCGREGOR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

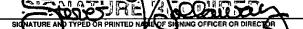
NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME



☐ Delete

Change

☐ Addition