FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT ~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BREVARD INSURANCE SERVICES, INC.

DOCUMENT #
J46825 (2)

Mailing Address
~~84 E. 30TH STREET~~
~~RIVIERA BEACH FL 33404~~

Principal Place of Business
~~84 E. 30TH STREET~~
~~RIVIERA BEACH FL 33404~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	21 11370-12 oaks way	2a. Principal Place of Business	26 Same as 2.
Suite, Apt. #, etc.	22 #517	Suite, Apt. #, etc.	27
City & State	23 No. Palm Beach, FL	City & State	28
Zip	24 33408	Zip	29
Country	25 Palm Bch.	Country	30

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 12/27/1993
4. FEI Number: 59-2749074 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PHILLIPS, GARY N.
11370 TWELVE OAKS WAY
NORTH PALM BEACH FL 33408

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE [signature] Pres. DATE 4/26/94
(Registered Agent Accepting Appointment) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	PHILLIPS, GARY N.	1.2 NAME	
1.3 STREET ADDRESS	11370 TWELVE OAKS WAY	1.3 STREET ADDRESS	
1.4 CITY ST ZIP	NORTH PALM BEACH FL 33408	1.4 CITY ST ZIP	
2.1 TITLE	S/T	2.1 TITLE	
2.2 NAME	PHILLIPS, DONNA N.	2.2 NAME	600001492516
2.3 STREET ADDRESS	11370 TWELVE OAKS WAY	2.3 STREET ADDRESS	-05/17/95--01179--013
2.4 CITY ST ZIP	NORTH PALM BEACH FL 33408	2.4 CITY ST ZIP	****200.00 ****200.00
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	GRA
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY ST ZIP		6.4 CITY ST ZIP	5-1-95

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], Pres. 4/27/94 407-775-6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FP0002686