# 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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47271 (8)

1. Corporation Name
OCEANSIDE RE GROUP, INC..

| Principal Place of Business | Mailing Address |
|---|---|
| 140 S ATLANTIC AVE<br>P.O. BOX 2574<br>ORMOND BEACH FL 32176 | 140 S ATLANTIC AVE<br>P.O. BOX 2574<br>ORMOND BEACH FL 32176 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1986
3a. Date of Last Report: 02/03/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 59-2766681 ☐ 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 F.S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BURT, DAVID A.
140 S ATLANTIC AVE.
P.O. BOX 2574
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name: Burt, Wallace J. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 140 S. Atlantic Avenue
83: P.O. Box 2574
84 City: Ormond Beach, FL 85 Zip Code: 32176

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: Wallace J. Burt Jr. DATE
(NOTE: Registered Agent's signature required when agent changed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CPD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | BURT, WALLACE J. | 12 NAME | | |
| STREET ADDRESS | 140 S ATLANTIC AVE. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL | 14 CITY-ST-ZIP | | |
| TITLE | VTD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BURT, ALICE L. | 22 NAME | | |
| STREET ADDRESS | 140 S ATLANTIC AVE. | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | VSD | ☒ Change ☐ Addition |
| NAME | BURT, DAVID A. | 32 NAME | Wolfe, Virginia L | |
| STREET ADDRESS | 140 S ATLANTIC AVE. | 33 STREET ADDRESS | 140 S. Atlantic Avenue | |
| CITY-ST-ZIP | ORMOND BEACH FL | 34 CITY-ST-ZIP | Ormond Beach, FL 32176 | |
| TITLE | PD | 41 TITLE | AS | ☒ Change ☐ Addition |
| NAME | BURT, W. LOCKWOOD | 42 NAME | Carol H. Smith | |
| STREET ADDRESS | 140 S ATLANTIC AVE. | 43 STREET ADDRESS | 140 S. Atlantic Avenue | |
| CITY-ST-ZIP | ORMOND BEACH FL | 44 CITY-ST-ZIP | Ormond Beach, FL 32176 | |
| 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 | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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 on an attachment with an address.

SIGNATURE: Virginia L. Wolfe Virginia L. Wolfe 3-19-95 (904)615-9175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — (Daytime Phone #)

0011409 CP