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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:41

DOCUMENT # J54366 (6)

1. Corporation Name
INTERNATIONAL INSURANCE & INVESTMENTS, INC.

Principal Place of Business	Mailing Address
PO BOX 07100 6700 WINKLER RD. STE 1 FT. MYERS FL 33919 US	PO BOX 07100 ~~6700 WINKLER RD. STE 1~~ FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1987
3a. Date of Last Report: 02/15/1994

4. FEI Number: 59-2766393 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 16681 MC GREGOR BLVD	26 PO BOX 07100
22 SUITE 306	27
23 FT MYERS, FL	28 FT MYERS, FL
24 Zip 33908 25 Country USA	29 Zip 33908 30 Country USA

9. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J.
6700 WINKLER RD
SUITE 1
FT MYERS FL 33919

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: (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PD	41 TITLE	☑ Change ☐ Addition
32 NAME	SHAMBERGER, ROBERT L.	42 NAME	
33 STREET ADDRESS	6700 WINKLER RD, #6	43 STREET ADDRESS	16681 MC GREGOR BLVD
34 CITY ST ZIP	FT MYERS FL	44 CITY ST ZIP	FT MYERS, FL 33908
35 TITLE	D	45 TITLE	☑ Change ☐ Addition
36 NAME	LEPERA, JAMES R.	46 NAME	
37 STREET ADDRESS	6700 WINKLER RD, #6	47 STREET ADDRESS	16681 MC GREGOR BLVD
38 CITY ST ZIP	FT MYERS FL	48 CITY ST ZIP	FT MYERS, FL 33908
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY ST ZIP		52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 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 1, 2 or Block 13 if changed or added to the report with an address.

SIGNATURE: Bob Shamberger — BOB SHAMBERGER, JR. PRESIDENT — JAN 9 95 — 813-489-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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