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 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K06050

1. Corporation Name: NEW HORIZONS INSURANCE INC

Principal Place of Business: 955 6TH STREET SE WINTER HAVEN, FL 33880

Mailing Address: 955 6TH STREET SE WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/9/87

3a. Date of Last Report: 5/1/94

2. Principal Place of Business — 21: 965 6TH STREET SE

2a. Mailing Address — 26: 955 6TH STREET SE

4. FEI Number: 59-2872085 ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc — 22:

Suite, Apt. # etc — 27:

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23: WINTER HAVEN FLORIDA

City & State — 28: WINTER HAVEN FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24: 33880 Country — 25: USA

Zip — 29: 33880 Country — 30: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NORMA JUDD
955 6TH STREET SE
WINTER HAVEN, FL 33880

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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	NORMA JUDD	12 NAME	
STREET ADDRESS	955 6TH STREET SE	13 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL 33880	14 CITY ST ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	CHRISTAL JUDD	22 NAME	200001482102
STREET ADDRESS	965 6TH STREET SE	23 STREET ADDRESS	-05/10/95--01015--012
CITY ST ZIP	WINTER HAVEN FL 33880	24 CITY ST ZIP	****200.00 ****200.00
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	NORMA JUDD	32 NAME	
STREET ADDRESS	955 6TH STREET SE	33 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL 33880	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		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 added above or on an attachment with an address.

SIGNATURE: Norma Judd NORMA JUDD 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Federal Payer #