FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K17548** (4)

1. Corporation Name

INSIGHT PROPERTY GROUP, INC.

Principal Place of Business	Mailing Address
3100 UNIVERSITY BLVD S. ~~SUITE 500~~ JACKSONVILLE FL 32216	3100 UNIVERSITY BLVD S. ~~SUITE 500~~ JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2877521 — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21 ___ 22 Suite, Apt. #, etc.: SUITE 200 23 City & State ___ 24 Zip ___ 25 Country ___

2a. Mailing Address: 26 ___ 27 Suite, Apt. #, etc.: SUITE 200 28 City & State ___ 29 Zip ___ 30 Country ___

9. Name and Address of Current Registered Agent

CLARKSON, PATRICIA H
3100 UNIVERSITY BLVD. S.
SUITE 500
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: DEBRA H. MONTALVO
82 Street Address (P.O. Box Number is Not Acceptable): 3100 UNIVERSITY BLVD S.
83 SUITE 200
84 City: JACKSONVILLE FL 85 Zip Code: 32216

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: Debra H. Montalvo 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	TITLE	☐ Change ☐ Addition
NAME	CLARKSON, CHARLES A.	NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. STE 500	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	DVS	TITLE	DV ☒ Change ☐ Addition
NAME	CLARKSON, ROBERT W.	NAME	CLARKSON ROBERT W.
STREET ADDRESS	3100 UNIVERSITY BLVD S. STE 500	STREET ADDRESS	3100 UNIVERSITY BLVD S. STE 200
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	TEDDERS, EMORY	NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. STE 500	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	CLARKSON, ROBERT W.	NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. STE 500	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	CLARKSON, PATRICIA H	NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. STE 500	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: Charles A. Clarkson 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. CLARKSON

0018348 CP