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 MAR 13 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K23794 (6)

1. Corporation Name
MUTUAL INSURANCE AGENCY OF NW FLORIDA, INC.

Principal Place of Business	Mailing Address
158 N. EGLIN PKWY., STE 2 P.O. DRAWER 1418 FORT WALTON BEACH FL 32548 US	158 N. EGLIN PKWY., STE 2 P.O. DRAWER 1418 FT. WALTON BEACH FL 32549 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1988
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2888894 ☐ 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 2164 Calle de Castelar	26 PO Box 1418
Suite, Apt. #, etc. 22 Navarre Fl.	Suite, Apt. #, etc. 27 Ft Walton Bch
City & State 23	City & State 28 Fl.
Zip 24 32566 Country 25 Santa Rosa	Zip 29 32549 Country 30 USA/100%

9. Name and Address of Current Registered Agent

ROOD, REBECCA J
2164 CALLE DE CASTELAR
NAVARREE FL 32566

10. Name and Address of New Registered Agent

31 Name: Lura Lea Struzinski
32 Street Address (P.O. Box Number is Not Acceptable): 115 FULMAR Circle
33 Ft Walton Bch.
34 City: FL 35 Zip Code: 32548

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: Lura Lea Struzinski 3/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required if not signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROOD, RUSSELL EDWARD	1.2 NAME	
STREET ADDRESS	2164 CALLE DE CASTELAR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	ROOD, REBECCA J.	2.2 NAME	Delete Rebecca J Rood
STREET ADDRESS	2164 CALLE DE CASTELAR	2.3 STREET ADDRESS	Termina) Illness on disabily
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	New, Has been for 8 months.
TITLE		3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Russell Edward Rood Jr. Russell Edward Rood Jr. 3-3-95 904 243 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)