

RECORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995  
 AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **K47593** (4)

1. Corporation Name  
**NORTH FLORIDA INSURANCE, INC.**

Principal Place of Business Mailing Address  
**7554 103RD STREET JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>6554 103rd ST</b>		2a. Mailing Address 26 <b>6554 103rd ST.</b>		3. Date Incorporated or Qualified <b>11/29/1988</b>	3a. Date of Last Report <b>04/20/1994</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>50-2922328</b>	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CANDETO, MICHAEL A. 2900 INDEPENDENT SQUARE JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent			
81 Name <b>WALTER L JONES</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>6554 103rd ST.</b>		83		84 City <b>JACKSONVILLE</b>	
				85 State <b>FL</b>		86 Zip Code <b>32210</b>	

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 Walter L Jones **WALTER L JONES President** 7-8-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, WALTER L.</b>	1.2 NAME	
STREET ADDRESS	<b>736 FRUIT COVE FOREST RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>ZIP 32259</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, JUDITH A.</b>	2.2 NAME	
STREET ADDRESS	<b>736 FRUIT COVE FOREST RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>ZIP 32259</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter L Jones **WALTER L JONES President** 7/8/95  
Signature and typed or printed name of signing officer or director Date

CR2E034 (3/95)