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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K48383** **(9)**

1. Corporation Name

COUNTRYWIDE TRUCK INSURANCE AGENCY, INC.

600001489846
-05/17/95--01014--016
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
11844 "O" STREET OMAHA NE 68137	11844 "O" STREET OMAHA NE 68137

3. Date Incorporated or Qualified: 11/30/1988

3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21:

2a. Mailing Address
26: 1450-C Enea Circle

4. FEI Number: 65-0087930 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27: Suite 500

5. Certificate of Status Desired * ☐ **$0.75** Additional Fee Required

City & State
23:

City & State
28: Concord, CA

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

Zip
24:

Country
25:

Zip
29: 94520

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

CRESCIO, JOSEPH P.
100 RIALTO PLACE
SUITE 600
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	FULKERSON, DAVID L.	12 NAME		
STREET ADDRESS	11844 "O" STREET	13 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	14 CITY-ST-ZIP	Omaha, NE 68137	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	RICCI, BRUCE A.	22 NAME		
STREET ADDRESS	1450-C ENEA CIRCLE, #500	23 STREET ADDRESS		
CITY-ST-ZIP	CONCORD CA	24 CITY-ST-ZIP	Concord, CA 94520	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	HAMPTON, DEBRA D.	32 NAME		
STREET ADDRESS	11844 "O" STREET	33 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	34 CITY-ST-ZIP	Omaha, NE 68137	
TITLE	SD	41 TITLE		☒ Change ☐ Addition
NAME	GARRISON, JULIE A.	42 NAME		
STREET ADDRESS	1450-C ENEA CIR., #500	43 STREET ADDRESS		
CITY-ST-ZIP	CONCORD CA	44 CITY-ST-ZIP	Concord, CA 94520	
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	BOLER, RICHARD J.	52 NAME		
STREET ADDRESS	11844 "O" STREET	53 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	54 CITY-ST-ZIP	Omaha, NE 68137	
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 on an attachment with an address.

SIGNATURE: Julie A. Garrison 5-11-95 (510) 680-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480240 FN