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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:32

DOCUMENT # K53449 (0)

1. Corporation Name
SF INSURANCE, INC.

Principal Place of Business	Mailing Address
~~8930 N.W. 39TH AVENUE~~	8930 N.W. 39TH AVENUE
~~P.O. BOX 823~~	P.O. BOX 823
~~GAINESVILLE FL 32602-0823~~	GAINESVILLE FL 32602-0823

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 9400 S. Dadeland Blvd	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 MIAMI, FL	City & State: 28
Zip: 24 33156 Country: 25 USA	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2903902 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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 _____ 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	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	PEDDIE, EDWARD C.	1.2 NAME	
STREET ADDRESS	8930 N.W. 39TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	~~DVC~~	2.1 TITLE	DVC ☒ Change ☐ Addition
NAME	~~HUDSON, ROBERT~~	2.2 NAME	HUDSON, ROBERT
STREET ADDRESS	~~8930 N.W. 39TH AVE~~	2.3 STREET ADDRESS	9400 S DADELAND BLVD
CITY-ST-ZIP	~~GAINESVILLE FL~~	2.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	~~D~~	3.1 TITLE	D ☒ Change ☐ Addition
NAME	~~HANNUM, EDWIN~~	3.2 NAME	Hairston, Don
STREET ADDRESS	~~8930 N.W. 39TH AVE~~	3.3 STREET ADDRESS	8930 N.W. 39th Avenue
CITY-ST-ZIP	~~GAINESVILLE FL~~	3.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	DST	4.1 TITLE	☐ Change ☐ Addition
NAME	DEMONTMOLLIN, STEVE	4.2 NAME	
STREET ADDRESS	8930 N.W. 39TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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: E. C. Peddie E. C. PEDDIE 3/20/95 (904) 372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411779 FP