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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 10:14

DOCUMENT # K73237 (5)

1. Corporation Name
FIRST COLONIAL AGENCY, INC.

Principal Place of Business	Mailing Address
76 SOUTH LAURA STREET JACKSONVILLE FL 32202	76 SOUTH LAURA STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1989
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21 1776 American Heritage Life Drive
Suite, Apt. #, etc. 22
City & State 23 Jacksonville, Florida
Zip 24 32224-6688 Country 25 USA

2a. Mailing Address
26 1776 American Heritage Life Drive
Suite, Apt. #, etc. 27
City & State 28 Jacksonville, Florida
Zip 29 32224-6688 Country 30 USA

4. FEI Number: 59-2963411 ☐ 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

VERLANDER, CHRISTOPHER A.
76 SOUTH LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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	D	11 TITLE	☐ Change ☐ Addition
NAME	VERLANDER, W. A.	12 NAME	
STREET ADDRESS	76 S. LAURA ST.	13 STREET ADDRESS	delete
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, T. O'NEAL	22 NAME	
STREET ADDRESS	76 S. LAURA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	VERLANDER, CHRISTOPHER	32 NAME	
STREET ADDRESS	76 S. LAURA ST.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	VTD	41 TITLE	☐ Change ☐ Addition
NAME	MOREHEAD, C. RICHARD	42 NAME	
STREET ADDRESS	76 S. LAURA ST.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	MAYHEW, WILLIAM	52 NAME	
STREET ADDRESS	76 S. LAURA ST.	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	MAHIN, ELIZABETH A	62 NAME	
STREET ADDRESS	76 S. LAURA ST.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth A. Mahin (904) 992-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019704 CP