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 APR 24 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91180 (5)

1. Corporation Name
THE PARTRIDGE AGENCY, INC.

Principal Place of Business	Mailing Address
~~1910 VIRGINIA AVE~~ 17811 PORT BOCA CIR. ~~APT 101-B~~	~~1910 VIRGINIA AVE~~ 17811 Port Boca Cir ~~APT 101B~~
FT MYERS FL 33908	FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/25/1989	03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 17811 Port Boca Cir	26 17811 Port Boca Cir
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State Ft. Myers FL
24 Zip / 25 Country	29 Zip 33908 / 30 Country LEE

4. FEI Number 65-0121965 ☐ 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
PARTRIDGE, WARING N. 1910 VIRGINIA AVE APT 101-B FT MYERS FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 17811 PORT BOCA CIR 83 84 City Ft. Myers FL 85 Zip Code 33908

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 Waring N. Partridge VP 4/19/95
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	D	11 TITLE	☒ Change ☐ Addition
NAME	PARTRIDGE, WARING N.	12 NAME	
STREET ADDRESS	1910 VIRGINIA AVE #101B	13 STREET ADDRESS	17811 PORT BOCA CIR.
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	PARTRIDGE, DENISE A	22 NAME	
STREET ADDRESS	1910 VIRGINIA AVE, STE 101B	23 STREET ADDRESS	17811 PORT BOCA CIR.
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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: Waring N. Partridge VP 4/19/95 813-267-3524
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — DAYTIME PHONE #

0319700 CP