FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L00581** **(3)**

1. Corporation Name

ARMOR INSURANCE COMPANY

Principal Place of Business

3725 W GRACE STREET
SUITE 500
TAMPA FL 33607

Mailing Address

3725 W GRACE STREET
SUITE 500
TAMPA FL 33607

3. Date Incorporated or Qualified: **07/07/1989**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **65-0127962** — 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32301

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 607.0505 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

Signature of Corporation Officer or Director or Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MYERS, LARRY E	
STREET ADDRESS	3725 W GRACE STR STE 500	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	ESTES, JASON	
STREET ADDRESS	14904 PALMCREST PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	ESTES, JEVON	
STREET ADDRESS	12125 N. ARMENIA CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	BRYANT, JIM	
STREET ADDRESS	1721 CASTLEROCK RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	PLIEGO, J. R.	
STREET ADDRESS	3725 W GRACE ST, #500	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(s), 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 hereof or on an attachment with an address.

SIGNATURE: 4-4-96 (813) 874-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)