SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **FILED** Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT Jul 29 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State DOCUMENT # (7) L75701 SUNSHINE STATE INSURANCE GROUP OF ARLINGTON, INC I (DINADA IN IDAKA INKA KIDIA TARI) NGA BIBN BIBN INTA BIBN 1890 1800 180 Mailing Address Principal Place of Business 129 GLEN COVE PLACE 6506 BEACH BLVD PONTE VEDRA FL 32082 JACKSONVILLE FL 32216 3a. Date of Last Report 3. Date Incorporated or Qualified 06/23/1995 05/23/1990 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3031248 Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt. #, etc. Suite Apt #, etc. Fee Required 27 \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032 23 Country Zip Yes 🔲 No Country Ζφ Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent Name SABO, DONALD W. Street Address (P.O. Box Number is Not Acceptable) 6506 BEACH BLVD JACKSONVILLE FL 32216 83 Zip Code 85 City 84 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. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SECRET PROP. | Change | Addition (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, reposition protections of of organized agent and offering applicable 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE 1.2 NAME SABO, DONALD W. NAME 13 STREET ADDRESS 6506 BEACH BLVD STREET ADDRESS 1.4 CITY - ST- ZIP Change Addition JACKSONVILLE FL CITY - ST - ZIF DELETE 2 1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST- ZIP Change Addition CITY - ST - ZIP DELETE TITLE 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIF Change Addition CITY - ST - 7IP DELETE 4.1 HILE

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changing or on an attendment with an address

43 STREET ADDRESS

4 4 CITY - ST - ZIP

5 4 CITY - ST - ZIP

5 1 1HUE

52 NAME 53 STREET ADDRESS

611 TLE

6.2 NAME 63 STREET ADDRESS

DEFELE

DELETE

SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CHTY-ST-ZIF

TITLE

TITLE

7/15/96 964777 8225

Change Addition

Change Addition