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 MAR 23 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79877 (1)

1. Corporation Name
PEASE-KERR AGENCY, INC.

Principal Place of Business	Mailing Address
% EMMET THOMPSON 3918 SPYGLASS HILL RD SARASOTA FL 34238	% EMMET THOMPSON 3918 SPYGLASS HILL RD SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o JACK BINSWANGER	26 c/o JACK BINSWANGER
Suite, Apt. #, etc. 22 5412 BENEVA WOODS CR.	Suite, Apt. #, etc. 27 5412 BENEVA WOODS CR
City & State 23 SARASOTA, FL.	City & State 28 SARASOTA, FL.
Zip / Country 24 34233 / 25 USA	Zip / Country 29 34233 / 30 USA

4. FEI Number: 65-0234234 ☐ 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

THOMPSON, EMMET, B
3918 SPYGLASS HILL RD
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name: JACK BINSWANGER
82 Street Address (P.O. Box Number is Not Acceptable): 5412 BENEVA WOODS CR.
83:
84 City: SARASOTA FL 85 Zip Code: 34233

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: [signature] DIRECTOR 3/20/95
(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	1.1 TITLE	☒ Change ☐ Addition
NAME	THOMPSON, EMMET B.	1.2 NAME	DELETE
STREET ADDRESS	3918 SPYGLASS HILL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BINSWANGER, JACK	2.2 NAME	
STREET ADDRESS	5412 BENEVA WOODS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MYERSON, MORTON	3.2 NAME	
STREET ADDRESS	3959 PRARIE DUNES DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D. ☐ Change ☒ Addition
NAME	MOURAD, TIM	4.2 NAME	MOURAD, TIM
STREET ADDRESS	1355 S. PORTIFINO DR.	4.3 STREET ADDRESS	1355. S. PORTIFINO DR.
CITY-ST-ZIP	SARASOTA, FL. 34242	4.4 CITY-ST-ZIP	SARASOTA, FL. 34242
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: [signature] 3/20/95 813-922-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK BINSWANGER

0343982 CP