ANNUAL REPORT
1995

Filed
Secretary of State
DIVISION OF CORPORATIONS

95 APR 19 AM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79238 (5)

1. Corporation Name

CRUMP INSURANCE SERVICES OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1211 SEMORAN BOULEVARD SUITE 277 CASSELBERRY FL 32707 US	7557 RAMBLER ROAD, SUITE 350 DALLAS TX 75231

3. Date Incorporated or Qualified: 05/02/1988
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 22-2904551 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 607.0502 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	DEV	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ORVILLE D.	1.2 NAME		
STREET ADDRESS	7557 RAMBLER RD. #350	1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	MANNING, KAY	2.2 NAME		
STREET ADDRESS	7557 RAMBLER RD. #350	2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	CLEAVER, D.	3.2 NAME		
STREET ADDRESS	1211 SEMORAN BLVD. #227	3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, PATRICK R.	4.2 NAME		
STREET ADDRESS	7557 RAMBLER RD, #350	4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	O'DAY, JOHN E.	5.2 NAME		
STREET ADDRESS	5350 POPLAR AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, D.	6.2 NAME		
STREET ADDRESS	5350 POPLAR AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	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)(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: Kay Manning Kay Manning, Secretary 4/3/95 214-265-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED