FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 15 PM 3:07

DOCUMENT # N93000005597

1. Corporation Name
SHARED MARKET INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1515 RINGLING BLVD SARASOTA, FL 34236	P.O. BOX 4177 SARASOTA, FL 34230-4177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-14-93
3a. Date of Last Report: 6-15-94
4. FEI Number: 59-3215470 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1515 RINGLING BLVD	26 PO BOX 4177
Suite, Apt. #, etc. 22 SUITE 950	Suite, Apt. #, etc. 27
City & State 23 SARASOTA	City & State 28 SARASOTA FL
Zip / Country 24 34236 / 25 USA	Zip / Country 29 342304177 / 30 USA

9. Name and Address of Current Registered Agent

H. JOHN KUMMER
SHARED MARKET INSURANCE SERVICES, INC
SUITE 950
1515 RINGLING BLVD SARASOTA, FL 34236

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 name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT AND DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	H. JOHN KUMMER	12 NAME	
STREET ADDRESS	1515 RINGLING BLVD - STE 950	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34236	14 CITY ST ZIP	
TITLE	SECRETARY AND DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	ANITA L. DUBOUR	22 NAME	
STREET ADDRESS	1515 RINGLING BLVD - STE 950	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34236	24 CITY ST ZIP	100001517311 -06/20/95--01047--020 ****155.00
TITLE	TREASURER AND DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	JESSE J. MCCRARY JR	32 NAME	****155.00
STREET ADDRESS	2800 BISCAYNE BLVD STE 800	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33150	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	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Kummer 5-17-95 813-917-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number