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.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P24517 (5)

1. Corporation Name

DARTMOUTH INSURANCE GROUP (CONSULTANTS), LIMITED , INC.

Principal Place of Business	Mailing Address
1010 6TH AVE SOUTH NAPLES FL 33940 US	1010 6TH AVE SOUTH NAPLES FL 33940 US

2. Principal Place of Business	2a. Mailing Address
21 1100 Fifth Ave. South	26 1100 Fifth Ave. South
Suite, Apt. #, etc. 22 Suite 211	Suite, Apt. #, etc. 27 Suite 211
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34102 / Country 25 USA	Zip 29 34102 / Country 30 U.S.A.

3. Date Incorporated or Qualified: 05/26/1989
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0077767 ☐ 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

CREWS, ROBERT
2625 12TH STR NO
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: John S. Winnie, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1100 Fifth Ave. South
83 Suite 211
84 City: Naples, FL 85 Zip Code: 34102

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: John S. Winnie, Esq. — DATE: Aug 2, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	~~CREWS, ROBERT H~~ DELETE	
STREET ADDRESS	2625 12TH ST N	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	☐ DELETE
NAME	KEEP, DENNIS	
STREET ADDRESS	CHERRYTOP,KILN LANE President-Director	
CITY-ST-ZIP	DEVON, ENGLAND	
TITLE	D	☐ DELETE
NAME	CREWS, BETTY M.	
STREET ADDRESS	9 GLENEAGLE RD.MANNAMEAD	
CITY-ST-ZIP	DEVON, ENCLAND	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President/ Director	☒ Change ☐ Addition
2.2 NAME	Keep, Dennis	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DIRECTOR — July 24 '96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)