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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:54

DOCUMENT # P31147 (2)

1. Corporation Name
INDEPENDENCE INSURANCE AGENCY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1093 A1A BEACH BLVD. SUITE 302 ST. AUGUSTTINE FL 32084 US	1093 A1A BEACH BLVD. SUITE 302 ST. AUGUSTTINE FL 32084 US

3. Date Incorporated or Qualified: 09/28/1990
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 52-1356736 ☐ 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

MCGUIRE, DANIEL J.
850 A1A BEACH BLVD.
#112
ST. AUGUSTINE FL 32084

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(s) changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, ELIZABETH	12 NAME	
STREET ADDRESS	850 A1A BEACH BLVD., #112	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, DANIEL J.	22 NAME	
STREET ADDRESS	850 A1A BEACH BLVD., #112	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, ELLEN	32 NAME	
STREET ADDRESS	8419 GREENWAY RD	33 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21234	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, CATHERINE	42 NAME	
STREET ADDRESS	9575 AUTUMN SHADE	43 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78250	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	

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: Elizabeth Mc Guire 1-14-95 (904) 471-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELIZABETH MC GUIRE

0006193 CP