FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003997 (3)

1. Entity Name

SEMINOLE INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
3716 S MILITARY TRAIL LAKE WORTH FL 33466-9512 US	P O BOX 9512 LAKE WORTH FL 33466-9512 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified: 11/12/1992

3a. Date of Last Report: 06/01/1994

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25

2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 59-3191170 ☐ 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

BERGMAN, PETER HENRY
3716 S MILITARY TRAIL
LAKE WORTH FL 33466

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 Section 607.0501, or 617.1501 (for 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: Peter H. Bergman 5/4/95

12. OFFICER AND/OR DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	P	Title	P ☒ Change ☐ Addition
Name	BERGMAN, PETER HENRY	Name	BERGMAN, PETER HENRY
Address	7722 LA MIRADA	Address	7870 GRANADA PLACE #602
City-St-Zip	BOCA RATON FL	City-St-Zip	BOCA RATON, FL 33433
Title	S	Title	☐ Change ☐ Addition
Name	FINKELSTEIN, MYRON H	Name	
Address	2051 SW 52ND WAY	Address	
City-St-Zip	PLANTATION FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	

14. I 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 added above with an address.

SIGNATURE: Peter H. Bergman 5/4/95 (407)967-0502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203900 CP