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

APPROVED AND FILED

95 APR 24 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005276 (0)**

1. Corporation Name
FLORIDA COMMERCIAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~244 E PARK AVE~~	P O BOX 2388
~~LAKE WALES FL 33859~~	LAKE WALES FL 33859-2388

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1992
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business — 21: 22 State Road 60 West
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Lake Wales, FL
City & State — 28:
Zip — 24: 33853
Country — 25: Polk
Zip — 29:
Country — 30:

4. FEI Number: 59-3151930 ☐ 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

~~MICHEAL, BUTLER T~~
~~244 E PARK AVE~~
~~LAKE WALES FL 33859~~

10. Name and Address of New Registered Agent

81 Name: Michael R. Butler
82 Street Address (P.O. Box Number is Not Acceptable): 244 East Park Avenue
83:
84 City: Lake Wales, FL 85 Zip Code: 33853

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: Michael R. Butler — DATE: 4.10.95
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	~~P~~	1.1 TITLE	P	XX Change ☐ Addition
NAME	~~DUGAN, FUGATT B~~	1.2 NAME	Rumfelt, Thomas B.	
STREET ADDRESS	~~4200 MAHOGONY RUBN~~	1.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP	~~WINTER HAVEN FL 33884~~	1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	~~S/T~~	2.1 TITLE	S/T	XX Change ☐ Addition
NAME	~~MICHAEL, BUTLER R~~	2.2 NAME	Butler, Michael R.	
STREET ADDRESS	~~000 SWEET BAY CIRCLE~~	2.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP	~~WINTER HAVEN FL 33884~~	2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		3.1 TITLE	V	☐ Change X Addition
NAME		3.2 NAME	Grimes, Kevin	
STREET ADDRESS		3.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		4.1 TITLE	AT	☐ Change XX Addition
NAME		4.2 NAME	Sowinski, Michael B.	
STREET ADDRESS		4.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 attached sheet with an address.

SIGNATURE: Michael R. Butler, Sec./Treas. — 4.10.95 — (813)676-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0617484 CP