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PROFIT CORPORATION ANNUAL REPORT



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

P93000008126 (3)

| , | 1ENT # P930(SCHANZE INSURANCE A | | | | | |
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| Ainchal Dago C | of Business | Mailing Address | | | | AII |
| Principal Place of Business 35145 US HWY 19 N. PALM HARBOR FL 34684-1928 | | 35145 US HWY 19 N. PALM HARBOR FL 34684-1928 US | | | | |
| US | | US | | Date Incorporated or Qualified 01/29/1993 | 3a. Date of Last Report 01/31/1995 | |
| 2. Principal Plac | pe of Business | 2a. Mailing Address | | 4. FEI Number 59-3162471 | Applied Fo | |
| Suite, Apt. #, | etc | Suite, Apt. #, etc | • | 5. Certificate of Status Desired | \$8.75 Addition | |
| City 8 State | | City & State | | 6. Election Campaign Financing | \$5.00 May B | 8 |
| Jip | Country | 28 7 p | Country | Trust Fund Contribution 8. This corporation has liability for | Added to Fees | |
| 1 | 25 | 29 | 30 | Florida Statutes | s 🕱 No | |
| | Name and Address of Curr | ent Registered Agent | 81 Name | 10. Name and Address of New I | Registered Agent | |
| | | | | | | |
| WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 | | | 82 Street Addr | lress (P.O. Box Number is Not Accepta | able) | |
| | 5. NUNWAT 19 / FL 34690 | | 83 | | | |
| HOLIDA | 1 1 2 04030 | | | | ler Zin Code | |
| | | | 84 City | | FL 85 Zip Code | |
| | | | | | urbose of changing its registered | |
| or registere familiar with | of the provisions of Sections 607.03 at agent, or both, in the State of Fig. , and accept the obligations of, Sec. | 502 and 607.1508, Florida St orida. Such change was auth ection 607.0505, Florida Stat | atutes, the above-named corpo- lorized by the corporation's boa utes. | and of directors. I hereby accept the app | pointment as régistered agent. I | am |
| or registere familiar with SiGNATURE | ct agent, or both, in the State of File, and accept the obligations of, Se by latin, spect of ported name of registered as | orida. Such change was authoction 607.0505, Florida Stat | ionized by the corporation's boautes. (NOTE: Registered Agent signal ire require | ard of directors. I hereby accept the app | DATE | <u>airi</u> |
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Insert Albahame EUGENE A. SCHANZE SIGNATURE AND TYPED OR PRINTED NAME OF SOUTH OF FIRST OR DIRECTOR