SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000008194 (1)**

1. Corporation Name
INTERNATIONAL BROKERAGE AND SURPLUS LINES, INC.

Principal Place of Business	Mailing Address
1802 N. CRYSTAL LAKE DRIVE LAKELAND FL 33801	P.O. BOX 2417 LAKELAND FL 33806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business	2a. Mailing Address
21 120 EAST PINE ST.	26 120 EAST PINE ST.
Suite, Apt. #, etc. 22 SUITE 11	Suite, Apt. #, etc. 27 SUITE 11
City & State 23 LAKELAND, FLORIDA	City & State 28 LAKELAND, FLORIDA
Zip / Country 24 33801 / 25 US	Zip / Country 29 33801 / 30 US

4. FEI Number: 59-3165272 ☐ 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HOLLIDAY, CLYDE J III
1802 N. CRYSTAL LAKE DRIVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

01 Name: CLYDE J. HOLLIDAY IV
02 Street Address (P.O. Box Number is Not Acceptable): 120 EAST PINE ST.
03: SUITE 11
04 City: LAKELAND FL 05 Zip Code: 33801

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: Clyde J. Holliday IV PRESIDENT 6/9/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIDAY, CLYDE J IV	1.2 NAME	
STREET ADDRESS	913 E. PALMETTO STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIDAY, CLYDE J III	2.2 NAME	
STREET ADDRESS	2120 JOHN ARTHUR WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIDAY, RAYMOND G	3.2 NAME	
STREET ADDRESS	7410 UNION GROVE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITHONIA GA 30058	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

CR2E034 (3/95)

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: Clyde J. Holliday IV PRESIDENT (813) 688-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0158697 FP