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 MAY 30 PM 8:36

DOCUMENT # **P93000009469 (6)**

1. Corporation Name
SPACE COAST UNDERWRITERS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
100 RIALTO PL SUITE 600 MELBOURNE FL 32901	100 RIALTO PL SUITE 600 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 100 RIALTO PALCE
Suite, Apt. #, etc.
22 SUITE 450
City & State
23 MELBOURNE, FL
Zip 24 32901 Country 25

2a. Mailing Address
26 100 RIALTO PALCE
Suite, Apt. #, etc.
27 SUITE 450
City & State
28 MELBOURNE, FL
Zip 29 32901 Country 30

4. FEI Number: 59-3167141 ☐ 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

CRESCIO, JOSEPH P
100 RIALTO PL
SUITE 600
MELBOURNE FL 32901

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	CRESCIO, JOSEPH P	12 NAME	KENNETH WINTERS	
STREET ADDRESS	100 RIALTO PL SUITE 600	13 STREET ADDRESS	4740 ROANOKE PKWY	
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP	KANSAS CITY, MO 64112	
TITLE	D	21 TITLE	TREASURER	☐ Change ☒ Addition
NAME	KENNEDY, WILLIAM J	22 NAME	ROBERT NEWTON	
STREET ADDRESS	1450-C ENEA CIR SUITE 500	23 STREET ADDRESS	15520 OVERBROOK	
CITY ST ZIP	CONCORD CA 94520	24 CITY ST ZIP	STANLEY, KS 66224	
TITLE	SVP	31 TITLE		☐ Change ☐ Addition
NAME	GARRISON, JULIE ANN	32 NAME		
STREET ADDRESS	1450-C ENEA CIRCLE STE 500	33 STREET ADDRESS		
CITY ST ZIP	CONCORD CA	34 CITY ST ZIP		
TITLE	TVP	41 TITLE		☐ Change ☐ Addition
NAME	MCGARVEY, DANIEL J.	42 NAME		
STREET ADDRESS	100 RIALTO PLACE STE 600	43 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	CLARISSIMEAUX, DAVID G.	52 NAME		
STREET ADDRESS	100 RIALTO PLACE STE 600	53 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	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: Robert McPol 5/12/95 (913) 384-5820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000100 CP