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 MAY -1 AM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017463 (9)**

1. Corporation Name

INSURANCE & INVESTMENT CONCEPTS, INC.

Principal Place of Business	Mailing Address
~~5005 WEST LAUREL STREET~~ ~~TAMPA FL 33607~~	~~5005 WEST LAUREL STREET~~ ~~TAMPA FL 33607~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1993	04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 8402 LAUREL FAIR CIRCLE	26 8402 LAUREL FAIR CIRCLE
Suite, Apt. #, etc. 22 STE 210	Suite, Apt. #, etc. 27 STE 210
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33610 Country 25	Zip 29 33610 Country 30

4. FEI Number 59-3130266 ☐ 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	10. Name and Address of New Registered Agent
GREEN, JAMES L ESQ ~~5005 WEST LAUREL STREET~~ ~~TAMPA FL 33607~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8402 LAUREL FAIR CIRCLE 83 84 City TAMPA FL 85 Zip Code 33610

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	D	11 TITLE	☒ Change ☐ Addition
NAME	GREEN, JAMES L	12 NAME	
STREET ADDRESS	~~5005 W. LAUREL STREET~~	13 STREET ADDRESS	8402 LAUREL FAIR CIRCLE #210
CITY-ST-ZIP	~~TAMPA FL 33607~~	14 CITY-ST-ZIP	TAMPA FL 33610
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	WOODSIDE, RITA	22 NAME	
STREET ADDRESS	~~5005 W. LAUREL STREET~~	23 STREET ADDRESS	8402 LAUREL FAIR CIRCLE #210
CITY-ST-ZIP	~~TAMPA FL 33607~~	24 CITY-ST-ZIP	TAMPA FL 33610
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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: Rita E. Woodside Rita E. Woodside 4/28/95 813-282-2222
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0293078 CP