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 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022143 (0)**

1. Corporation Name
ARMOR INSURANCE AGENCY OF NAPLES, INC.

Principal Place of Business	Mailing Address
1044 CASTELLO DR. #103 NAPLES FL 33940	1044 CASTELLO DR. #103 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: ~~65-0400818~~ 650404419 ☐ 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 equity for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HAHN, NANCY A.~~
~~2232 LONGBOAT DRIVE~~
~~NAPLES FL 33942~~

RALPH PERRIELLO JR.
1520 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 33942

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: Ralph P. Perriello Jr. RALPH P. PERRIELLO JR Pres. 2-7-95
Signature of the printed name of registered agent and title, if any — NOTE: Registered Agent signature required when mandated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	☒ Change	☐ Addition
NAME	PERRIELLO, RALPH P, JR.	12 NAME		
STREET ADDRESS	~~739 LANDOVER CT. #103~~	13 STREET ADDRESS	1520 IMPERIAL GOLF COURSE BLVD	
CITY ST ZIP	~~NAPLES FL 33940~~	14 CITY ST ZIP	NAPLES, FL. 33942	
TITLE	V	21 TITLE	☒ Change	☐ Addition
NAME	PERRIELLO, JULIE M	22 NAME		
STREET ADDRESS	~~737 LANDOVER CT. #103~~	23 STREET ADDRESS	1520 IMPERIAL GOLF COURSE BLVD.	
CITY ST ZIP	~~NAPLES FL 33940~~	24 CITY ST ZIP	NAPLES, FL. 33942	
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 asterisk.

SIGNATURE: Ralph P. Perriello RALPH P. PERRIELLO 2-7-95 813-261-7110
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

032814 CP