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 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033381 (3)**

1. Corporation Name

SOUTHEAST PREMIUM FINANCE, INC.

Principal Place of Business	Mailing Address
302 NW 5TH ST. OKEECHOBEE FL 34972 US	302 NW 5TH ST. OKEECHOBEE FL 34972 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 309 NW 4th Street
22: Suite, Apt. #, etc.
23: Okeechobee, FL
24: Zip 34972-2548
25: County Okeechobee

2a. Mailing Address
26: P.O. Box 1309
27: Suite, Apt. #, etc.
28: Okeechobee, FL
29: Zip 34973-1309
30: County Okeechobee

4. FEI Number: 65-0410386 ☐ 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

SMITH, JOHN R
302 NW 5TH ST.
OKEECHOBEE FL 34972

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 607.0501 and 607.0505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
TYPE	DPST	☐ Change ☐ Addition
NAME	SMITH, JOHN R	
STREET ADDRESS	302 NW 5TH ST.	
CITY ST ZIP	OKEECHOBEE FL	
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I hereby certify that the information supplied with this filing is accurately reported 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 report or supplemental 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: John R. Smith 4-17-95 813-763-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

01A1070 CR