FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000036492 (5)

1. Corporation Name

PHIL NASE INSURANCE AGENCY, INC.

Principal Place of Business

11009 SPRING HILL DR
SUITE A
SPRING HILL FL 34608
US

Mailing Address

10064 WEEKS DRIVE
BROOKSVILLE FL 34601

3. Date Incorporated or Qualified: 05/15/1993

3a. Date of Last Report: 04/04/1995

4. FEI Number: 59-3183396 ☐ 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

2. Principal Place of Business

21 Street
22 Suite, Apt #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26 301 S. Broad St.
27 Suite, Apt #, etc.: c/o Ken Woodruff & Associates
28 City & State: Brooksville, Fla.
29 Zip: 34601 30 Country: Hernando

9. **Name and Address of Current Registered Agent**

NASE, PHILIP R
10064 WEEKS DRIVE
BROOKSVILLE FL 34601

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NASE, PHILIP R	
STREET ADDRESS	10064 WEEKS DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	☐ DELETE
NAME	NASE, JUDITH D	
STREET ADDRESS	10064 WEEKS DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☑ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS	801 S. Broad St.	
1-4 CITY-ST-ZIP	Brooksville Fla. 34601	
2-1 TITLE		☑ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS	801 S. Broad St.	
2-4 CITY-ST-ZIP	Brooksville Fla. 34601	
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I 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)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/21/96 Daytime Phone #: 364-796-0736

CR2E034 (12/95)