FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000054818 (8) 1. Corporation Name RICHARD C. BOURNE, CLU P.A. Mailing Address Principal Place of Business 515 YUCCA RD 515 YUCCA RD NAPLES FL 33940 NAPLES FL 33940 3a. Date of Last Report 3. Date incorporated or Qualified 08/01/1993 04/25/1995 4 EE! Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0413976 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζip Florida Statutes F Yes □ No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BOURNE, RICHARD C 82 515 YUCCA RD 83 NAPLES FL 33940 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE DATE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELFTE 1.11110 TITLE BOURNE, RICHARD C 1.2 NAME NAME 515 YUCCA RD 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33940 1.4 C(TY - ST - Z)F CITY-ST-ZIP Addition Change DELETE 2.1 T.D.E. T: ft F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACCRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Add:tion DELETE 3 1 7/11 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - \$1 - 7IP CITY - S! - ZIP Change Addition DELETE 4 1 Till LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C:TY -ST-7:P C-TY-ST-ZiP Change Addit on DELETE 5 1 1016 TITLE 5.2 NAME NAME 5.3 SERSET ADORESS STREET ADDRESS 5 4 CHY - ST - ZIP CITY - ST - 2IF ☐ Change Addition DELETE 6 1 T-TLE TITLE 6.2 NAMÉ NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(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 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 certify 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 ghanged or on an attentiment with an address

April 10,1996 941-762-5341