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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:42

DOCUMENT # **P93000055383 (2)**

1. Corporation Name
WHOLESALE INSURANCE NETWORK, INC.

Principal Place of Business	Mailing Address
4035 W KENNEDY BLVD TAMPA FL 33609	5401 W KENNEDY BLVD STE 560 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/06/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5401 W. Kennedy Blvd.	26
Suite, Apt. #, etc. 22 Suite 560	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28
Zip / Country 24 33609 / 25 Hills.	Zip / Country 29 / 30

4. FEI Number: 59-3195270 ☐ 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
MAURER KEITH J 5401 W KENNEDY BLVD STE 560 TAMPA FL 33609	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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Keith M Maurer — Keith J. Maurer, President — 3-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	XX Change ☐ Addition	
NAME	WINGE J J	12 NAME		
STREET ADDRESS	5401 W KENNEDY BLVD	13 STREET ADDRESS	5401 W. Kennedy Blvd., Suite 560	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	XX Change ☐ Addition	
NAME	MAURER KEITH J	22 NAME		
STREET ADDRESS	5401 W KENNEDY BLVD	23 STREET ADDRESS	5401 W. Kennedy Blvd., Suite 560	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE	XX Change ☐ Addition	
NAME	MAURER JUDITH	32 NAME		
STREET ADDRESS	5401 W KENNEDY BLVD	33 STREET ADDRESS	5401 W. Kennedy Blvd., Suite 560	
CITY-ST-ZIP	TAMPA FL	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: Keith M Maurer — Keith J. Maurer, President — 3-27-95 — 286-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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