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 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055837 (7)

1. Corporation Name
APEX INSURANCE, INC.

Principal Place of Business	Mailing Address
7508 EHRLICH RD TAMPA FL 33624 US	7508 EHRLICH RD TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 11508 S. BELMACK BLVD	2a. Mailing Address: 26 P.O. BOX 414
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ODESSA, FL.	City & State 28 ODESSA, FL
Zip 24 33556 Country 25 USA	Zip 29 33556 Country 30 USA

3. Date Incorporated or Qualified: 08/06/1993
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-3195190 ☐ 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
RAYMOND-LAPLANTE, SHARON
7508 EHRLICH RD
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name: SHARON RAYMOND-LAPLANTE
82 Street Address (P.O. Box Number is Not Acceptable): 11508 S. BELMACK BLVD.
83
84 City: ODESSA FL 85 Zip Code: 33556

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: Sharon Raymond-LaPlante President 4/19/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAYMOND-LAPLANTE, SHARON
STREET ADDRESS	11508 SOUTH BELMACK BLVD.
CITY-ST-ZIP	ODESSA FL 33556
TITLE	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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: Sharon Raymond-LaPlante, President 4/19/95 813-920-4938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON RAYMOND-LAPLANTE

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