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 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000079482 (4)**

1. Corporation Name
INSURANCE MANAGERS, INC.

Principal Place of Business	Mailing Address
142 WEST 4TH AVE. MOUNT DORA FL 32757	142 WEST 4TH AVE. MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/17/1993**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21 1209 N. Donnelly Street
22 Suite, Apt. #, etc.
23 City & State: Mount Dora, FL 32757
24 Zip: 32757
25 County: Lake

2a. Mailing Address
26 P. O. Box 67
27 Suite, Apt. #, etc.
28 City & State: Mount Dora, FL 32757
29 Zip: 32757
30 County: Lake

4. FEI Number: **59-3213698** ☐ 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 estimated tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLEMENT, G. EDWARD
308 E. FIFTH AVE.
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KREMKAU, JEFFREY A	12 NAME	
STREET ADDRESS	12983 HIBISCUS AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MERRILL, J. KENT	22 NAME	
STREET ADDRESS	142 WEST 4TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MERRILL, KAREN L	32 NAME	
STREET ADDRESS	142 WEST 4TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CREWS, L. GERALD	42 NAME	
STREET ADDRESS	7266 129 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CHASE, WARREN	52 NAME	
STREET ADDRESS	2642 49 ST.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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: Karen L Merrill Karen L. Merrill 4-28-95 1-840-2560 5432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042993 CP