SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -1 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031618 (9)**

1. Corporation Name

PITTMAN INSURANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2447 NAPLES FL 33940	P.O. BOX 2447 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2150 Goodlette Rd.N.
Suite, Apt. #, etc.
22: 4th Floor
City & State
23: Naples, FL
Zip / Country
24: 33940 / 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip / Country
29: 33939 / 30:

4. FEI Number: 65-0484906 — 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

MAST, CHRISTOPHER E
1250 NORTH TAMIAMI TRAIL NORTH
SUITE 211
NAPLES FL 33940

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	PITTMAN, CARL M	12 NAME	Carl M. Pittman	
STREET ADDRESS	825 FIFTH AVE. SOUTH	13 STREET ADDRESS	2150 Goodlette Rd.N. 4th Floor	
CITY-ST-ZIP	NAPLES FL 33940	14 CITY-ST-ZIP	Naples FL 33940	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	PITTMAN, KAY S	22 NAME	Kay S. Pittman	
STREET ADDRESS	825 FIFTH AVE. SOUTH	23 STREET ADDRESS	2150 Goodlette Rd.N. 4th Floor	
CITY-ST-ZIP	NAPLES FL 33940	24 CITY-ST-ZIP	Naples FL 33940	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	PITTMAN, FRANCIS S	32 NAME	Pittman, Frances S.	
STREET ADDRESS	825 FIFTH AVE. SOUTH	33 STREET ADDRESS	2150 Goodlette Rd.N. 4th Floor	
CITY-ST-ZIP	NAPLES FL 33940	34 CITY-ST-ZIP	Naples FL 33940	
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	PITTMAN, ELIZABETH L	42 NAME	Elizabeth L. Pittman	
STREET ADDRESS	825 FIFTH AVE. SOUTH	43 STREET ADDRESS	2150 Goodlette Rd.N. 4th Floor	
CITY-ST-ZIP	NAPLES FL 33940	44 CITY-ST-ZIP	Naples FL 33940	
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		

CR2E034 (3/95)

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 added in an attachment with an address.

SIGNATURE: Carl M. Pittman 07/27/95 (941)262-8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number

0162044 FP