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
1995 MAR 22 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042682 (2)

1. Corporation Name

KRITZMAN - VAN BROCKLIN INSURANCE SERVICES, INC.

700001437797
-03/23/95--01044--008
****200.00 ****200.00

Principal Place of Business
2000 CORPORATE SQUARE BLVD.
JACKSONVILLE FL 32216

Mailing Address
2000 CORPORATE SQUARE BLVD.
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P O Box 16808
Suite, Apt # etc. 22	Suite, Apt # etc. 27
City & State 23	City & State 28 JACKSONVILLE, FL
Zip 24 / Country 25	Zip 29 32245 / Country 30 DUVAL

4. FEI Number: 59-3246270 ☐ 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

PEEK, DAVID H
1609 GULF LIFE TOWER
JACKSONVILLE FL 32207

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1) TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	KRITZMAN, LESLIE G	1) NAME	
STREET ADDRESS	2000 CORPORATE SQUARE BLVD.	1) STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	1) CITY ST ZIP	
TITLE		2) TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		2) NAME	JOHN M. VANBROCKLIN
STREET ADDRESS		2) STREET ADDRESS	2000 CORPORATE SQUARE BLVD
CITY ST ZIP		2) CITY ST ZIP	JACKSONVILLE, FL. 32216
TITLE		3) TITLE	SEC/TREAS. ☐ Change ☒ Addition
NAME		3) NAME	DOROTHY VAN BROCKLIN
STREET ADDRESS		3) STREET ADDRESS	2000 CORPORATE SQUARE BLVD.
CITY ST ZIP		3) CITY ST ZIP	JACKSONVILLE, FL 32216
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY ST ZIP		4) CITY ST ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY ST ZIP		5) CITY ST ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	DA 3-22
STREET ADDRESS		6) STREET ADDRESS	
CITY ST ZIP		6) 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: Dorothy Van Brocklin 3/17/95 904-724-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #