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 APR 28 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050840 (5)**

1. Corporation Name
SRW INSURANCE, INC.

Principal Place of Business	Mailing Address
3310 U.S. ALTERNATE 19 DUNEDIN FL 34698	3310 U.S. ALTERNATE 19 DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: U.S. 19, SUITE 2
22: Suite, Apt. #, etc.
23: OLD TOWN, FL.
24: 32680 Zip
25: U.S.A. Country

2a. Mailing Address
26: P.O. BOX 1290
27: Suite, Apt. #, etc.
28: OLD TOWN, FL
29: 32680 Zip
30: U.S.A. Country

4. FEI Number: 59-3256711 ☐ 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

REID, PEGGY L
3310 U.S. ALTERNATE 19
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: WILLIAM L. SUGGS
82 Street Address (P.O. Box Number is Not Acceptable): US 19 S at 349
83:
84 City: OLD TOWN FL 85 Zip Code: 32680

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: William L. Suggs 3-13-95
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	REID, PEGGY L	1.2 NAME		
STREET ADDRESS	3310 U.S. ALTERNATE 19	1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	D.T.	☐ Change ☒ Addition
NAME		2.2 NAME	GARY R. REID	
STREET ADDRESS		2.3 STREET ADDRESS	3310 U.S. ALTERNATE 19	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DUNEDIN, FL. 34698	
TITLE		3.1 TITLE	D.V.	☐ Change ☒ Addition
NAME		3.2 NAME	WILLIAM L. SUGGS	
STREET ADDRESS		3.3 STREET ADDRESS	RT 1 BOX 493	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRANFORD, FL. 32008	
TITLE		4.1 TITLE	D.S.	☐ Change ☒ Addition
NAME		4.2 NAME	STEVE WHITEHURST	
STREET ADDRESS		4.3 STREET ADDRESS	U.S. 19, SUITE 2	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OLD TOWN, FL. 32680	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: William L Suggs Director & Vice Pres. 3-13-95 C.P.A. (904)543-6271
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM L. SUGGS

0044867 CP