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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:28

DOCUMENT # P94000086613 (4)

1. Corporate Name

MARILYN TODD INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
11934 FAIRWAY LAKES DR FT MYERS FL 33913	11934 FAIRWAY LAKES DR FT MYERS FL 33913

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report:

4. FEI Number: 65-0537929 — ☐ 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

2. Principal Place of Business		2a. Mailing Address	
21	14150 Metropolis Ave	26	14150 Metropolis Ave
22 Suite, Apt. #, etc.	Suite 3	27 Suite, Apt. #, etc.	Suite 3
23 City & State	Fort Myers FL	28 City & State	Fort Myers FL
24 Zip	33912	29 Zip	33912
25 Country	USA	30 Country	USA

9. Name and Address of Current Registered Agent

JURSINSKI, KEVIN F
2222 SECOND ST
FT MYERS FL 33901

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

TITLE	D
NAME	TODD, TED A
STREET ADDRESS	11934 FAIRWAY LAKES DR
CITY-ST-ZIP	FT MYERS FL 33913
TITLE	D
NAME	TODD, MARILYN J
STREET ADDRESS	11934 FAIRWAY LAKES DR
CITY-ST-ZIP	FT MYERS FL 33913
TITLE	D
NAME	STEHR, WILLIAM F JR
STREET ADDRESS	11934 FAIRWAY LAKES DR
CITY-ST-ZIP	FT MYERS FL 33913
TITLE	D
NAME	STEHR, LOLA R
STREET ADDRESS	11934 FAIRWAY LAKES DR
CITY-ST-ZIP	FT MYERS FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	14150 Metropolis Ave Suite 3	
2.4 CITY-ST-ZIP	Fort Myers FL 33912	
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	14150 Metropolis Ave Suite 3	
4.4 CITY-ST-ZIP	Fort Myers FL 33912	
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)(k), 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: Lola R. Stehr (signed) Lola R. Stehr — 2/28/95 — 813-768-2255
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

0333546 CP