FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000087945 (8)

1. Corporation Name

INSURANCE AND FINANCIAL SERVICES OF JACKSONVILLE , INC.

Principal Place of Business: 1371 CASSAT AVE., STE. 121 JACKSONVILLE FL 32205-7084 (note change ↓)

Mailing Address: 1371 CASSAT AVE., STE. 121 JACKSONVILLE FL 32205-7084

2. Principal Place of Business: 21 2317 Blanding Blvd
Suite, Apt. #, etc: 22 206 I
City & State: 23 Jacksonville FL
Zip: 24 32210 Country: 25 U.S.A.

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

3. Date Incorporated or Qualified: 11/14/1995
3a. Date of Last Report: 11-14-95
4. FEI Number: 593342250 ☐ 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

HUTTO, GREGORY D
1371 CASSAT AVE., STE. 121
JACKSONVILLE FL 32205-7084

10. Name and Address of New Registered Agent

81 Name: Gregory D. Hutto
82 Street Address (P.O. Box Number is Not Acceptable): 2317 Blanding Blvd
83 Suite 206 I
84 City: Jacksonville FL 85 Zip Code: 32210

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] DATE: 4-23-96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HUTTO, GREGORY D	
STREET ADDRESS	3434 BLANDING BLVD., APT. 215	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DS	☐ DELETE
NAME	SCHEETZ, KEVIN R	
STREET ADDRESS	8819 FALCON TR. DRIVE S.	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		
2.4 CITY-ST-ZIP		
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		
4.4 CITY-ST-ZIP		
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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (904)387-3323
Date Daytime Phone #

CR2E034 (12/95)