FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 APR 24 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092430

1. Corporation Name
DOMINION INSURANCE AGENCY INC.

Principal Place of Business	Mailing Address
1725 MAHAN DRIVE TALLAHASSEE FL 32308	1725 MAHAN DRIVE TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 11/12/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1725 MAHAN DRIVE	26 1725 MAHAN DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TALLAHASSEE FL	28 City & State: TALLAHASSEE FL
24 Zip: 32308 FL	25 Country: LEON
29 Zip: 32308	30 Country: LEON

4. FEI Number: 65 0720964 ☐ 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

AMERILAWYER (CHARTER)
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: LESLIE VEAL
82 Street Address (P.O. Box Number is Not Acceptable): 1725 MAHAN DRIVE
83
84 City: TALLAHASSEE **FL** 85 Zip Code: 32308

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: Leslie D. Veal — LESLIE VEAL — 4/23/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAURI A. SMITH		1.2 NAME		
STREET ADDRESS	649 5TH AVENUE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP		
TITLE	PRESIDENT	☒ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	CHARLES GRAY		2.2 NAME	LESLIE VEAL	
STREET ADDRESS	1725 MAHAN DRIVE		2.3 STREET ADDRESS	1725 MAHAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LESLIE VEAL		3.2 NAME		
STREET ADDRESS	1725 MAHAN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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JB 4-25-97

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14. I do hereby certify that the information supplied with this filing 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: Leslie D. Veal — 4/23/97 — 904.877.7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LESLIE VEAL